

Name
in
Full

Mary Irene Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>16th</u> <small>Age</small> <u>—</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small> <u>8</u>					
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Cambridge</u>			
Occupation <u>blind</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Sebastian A. Adams</u>		Father's Birthplace <u>Cambridge, Md.</u>			
Mother's Maiden Name <u>Elizabeth Mills</u>		Mother's Birthplace <u>Cambridge, Md.</u>			
Name of person giving information <u>Sebastian A. Adams</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <u>Tetanus Neonatorum</u>	How long <u>36 hours</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Walff</u>
<u>—</u>	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Arthur Kene Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

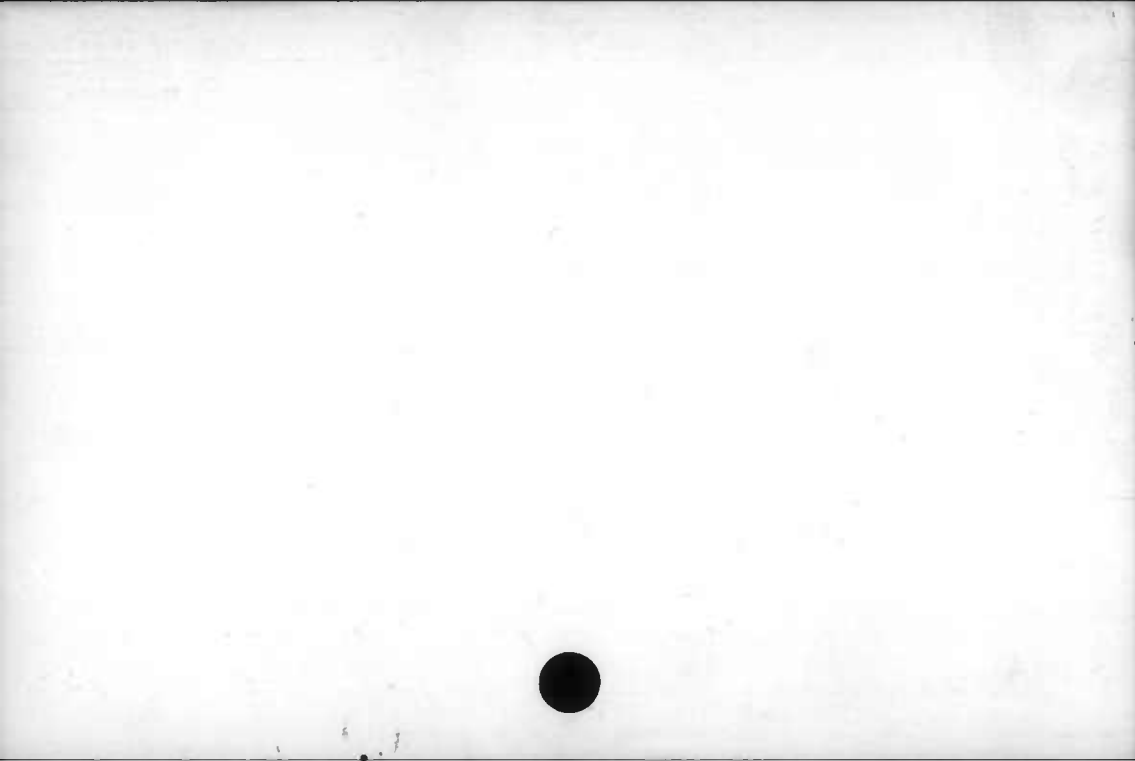
Died at <i>near Cambridge</i>		Town <i>Dorchester</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Sep.</i>	Day <i>23</i>	Age	Years	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death <i>Cambridge</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Arthur K. Austin</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Carblyn Mace</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Arthur K. Austin</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Prostration</i>	How long
Immediate <i>Exhaustion</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John M. Mace</i>
	Address <i>Cambridge Md</i>
Accident or Suicide	



Name
in
Full

Cecie Bailey

CERTIFICATE OF DEATH

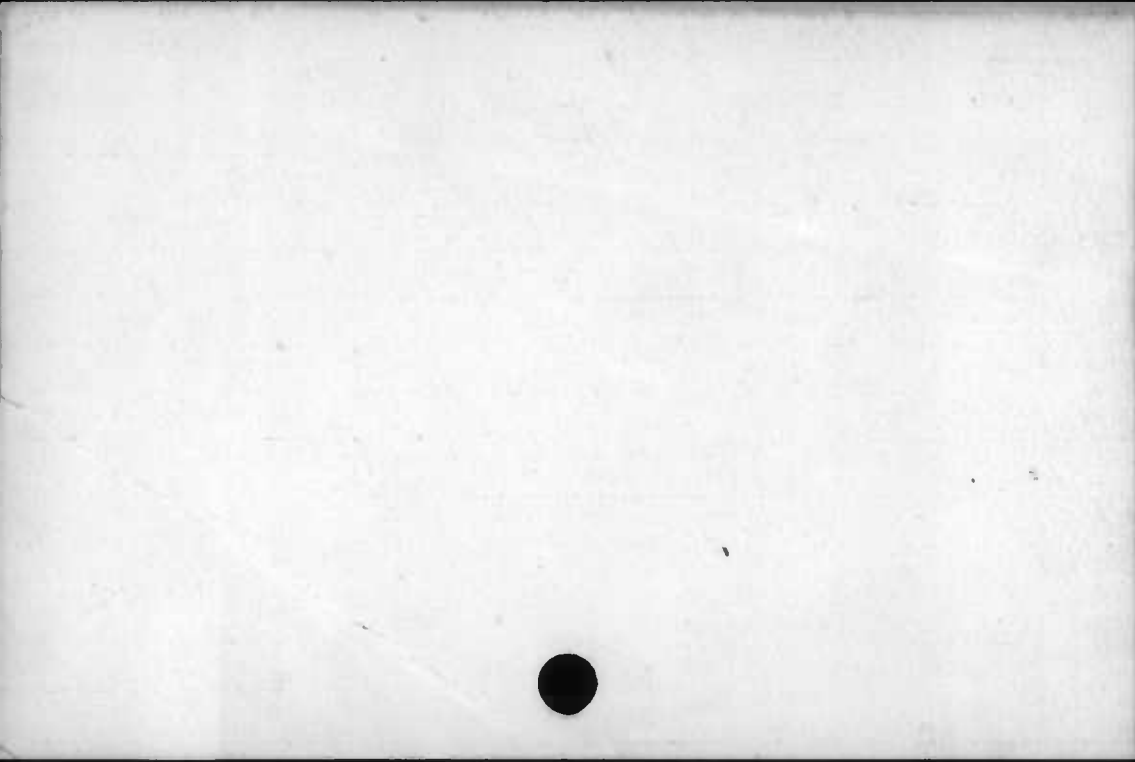
TO BE ANSWERED BY
NEAREST FRIEND

Died at. <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>	Day <i>5th</i>	Years <i>56</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Madison Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married Single <i>Widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Slater</i>		Father's Birthplace <i>Dorchester</i>		Mother's Birthplace <i>Madison Md</i>			
Mother's Maiden Name <i>Cecie Slater</i>		How related to deceased <i>Son</i>					
Name of person giving information <i>Josiah Bailey</i>							
CAUSES OF DEATH							

64

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>over week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. B. Jones</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo W Banks ^{Town} *Secretary* ^{County} *Thorchester*

Died at *Secretary* *Thorchester* **MARYLAND**

Date of death *1908* ^{Month} *09* ^{Day} *24* ^{Years} *8* ^{Months} *8* ^{Days}

Sex *male* Color or Race *Black* Birth-place *Secretary*

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single _____ Name of Wife or Husband *Mother J. Banks*

Father's Name *John T. Banks* Father's Birthplace *Secretary*

Mother's Maiden Name *Mother J. Wilson* Mother's Birthplace *Talbot Co.*

Name of person giving information *John T. Banks* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *7 days*

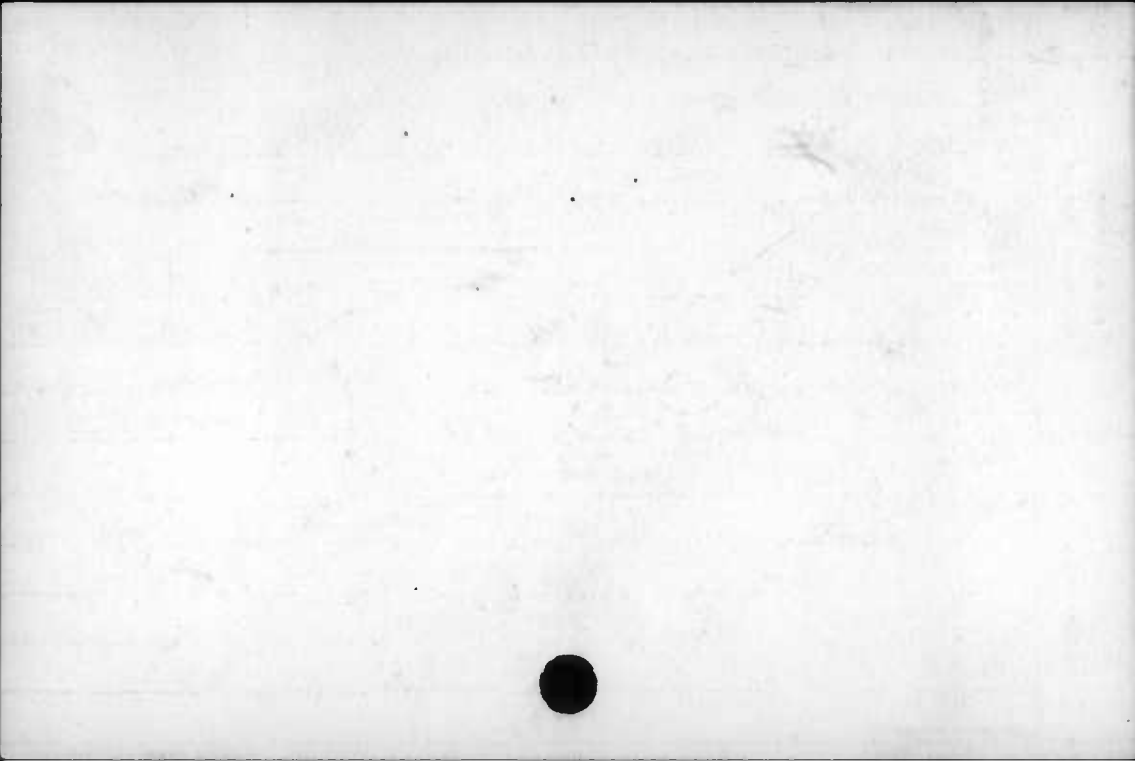
Immediate *Heart Failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. F. Nichols M.D.*

Address *E. N. Mortimer M.D.*

Accident or Suicide? *?*



Name
in
Full

Lulu Bayne

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge ^{County} Worcester

MARYLAND

Date of death 1908 ^{Month} Sept ^{Day} 10th ^{Years} ^{Age} ^{Months} 6 ^{Days} ^{Birth place}

Sex Female Color or Race Colored Birth place Worcester Co

Occupation ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name Lewis Bayne

Father's Birthplace Worcester Co

Mother's Maiden Name Bessie Cornwell

Mother's Birthplace Worcester Co

Name of person giving information Lewis Bayne

How related to deceased Father

CAUSES OF DEATH

105

Primary ^{How long} Gastric EnteritisImmediate Exhaustion & Toxemia ^{How long} Several days

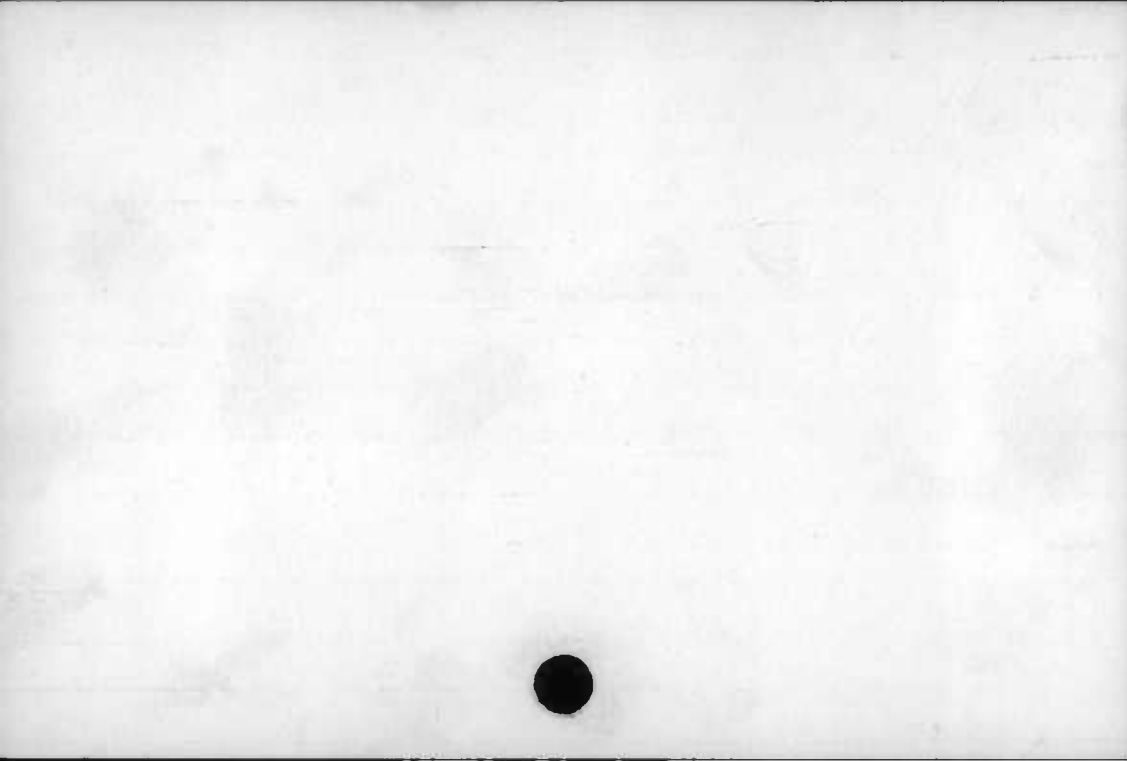
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dexter B. Reynolds M.D.

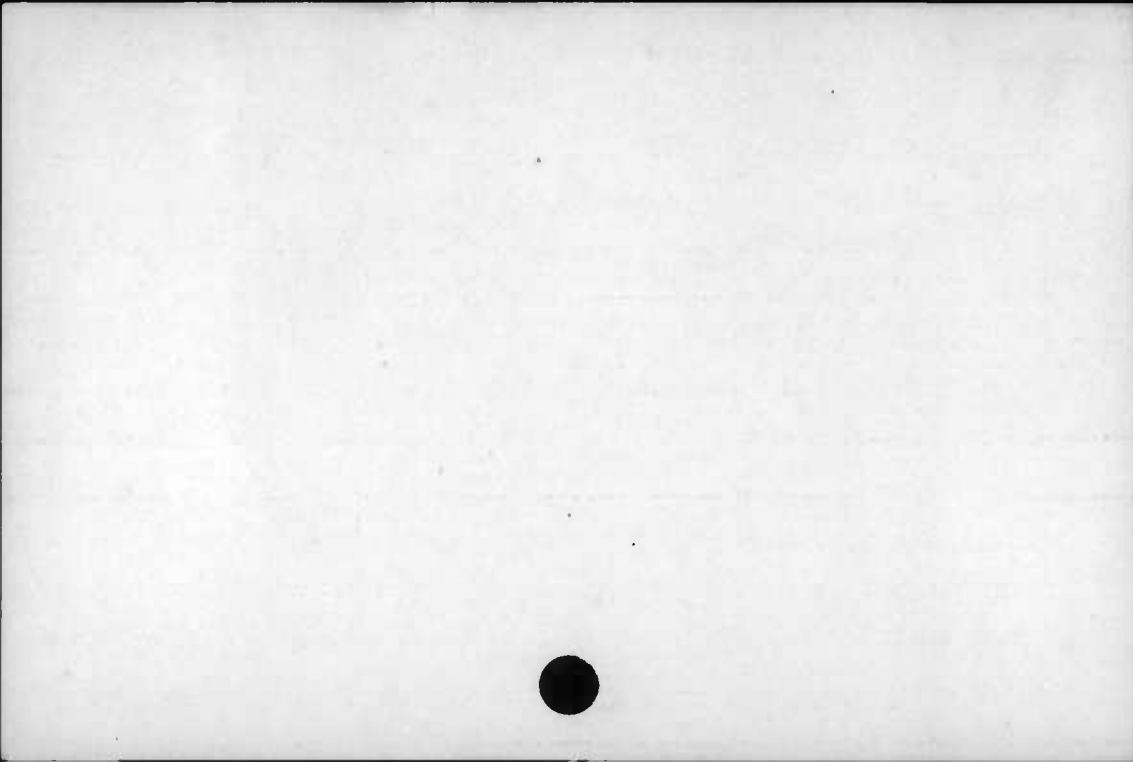
Address Cambridge, Md.

Accident or Suicide?

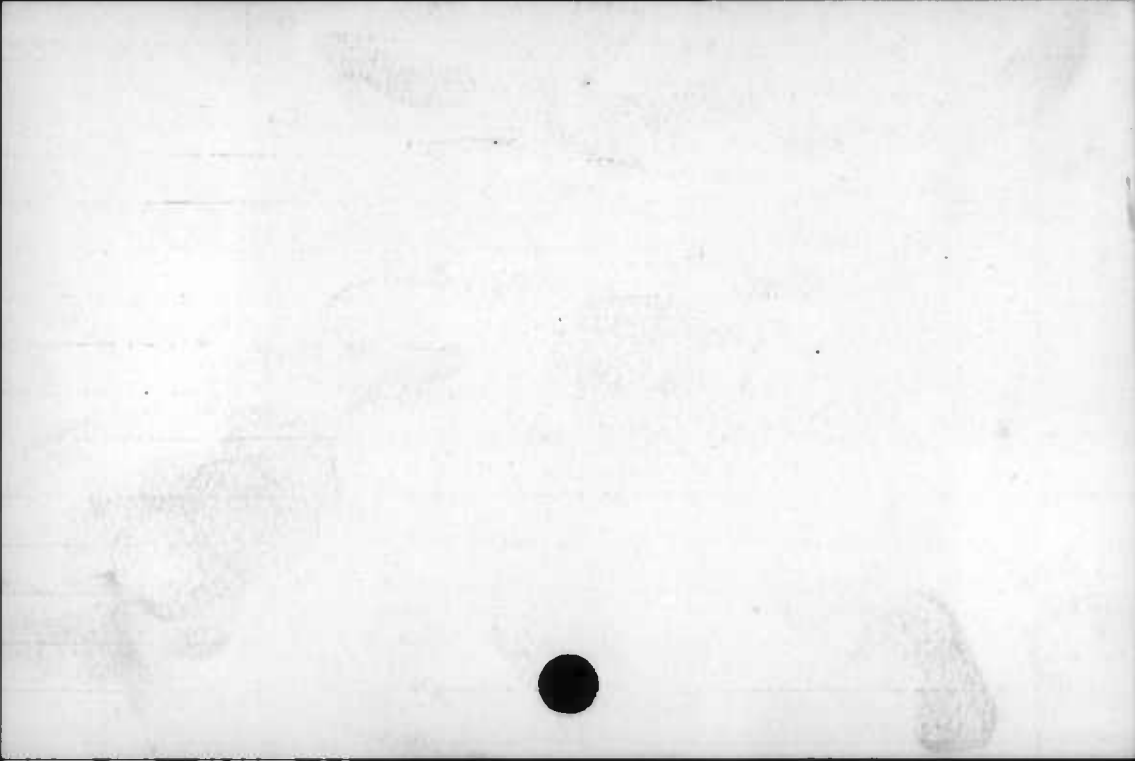
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



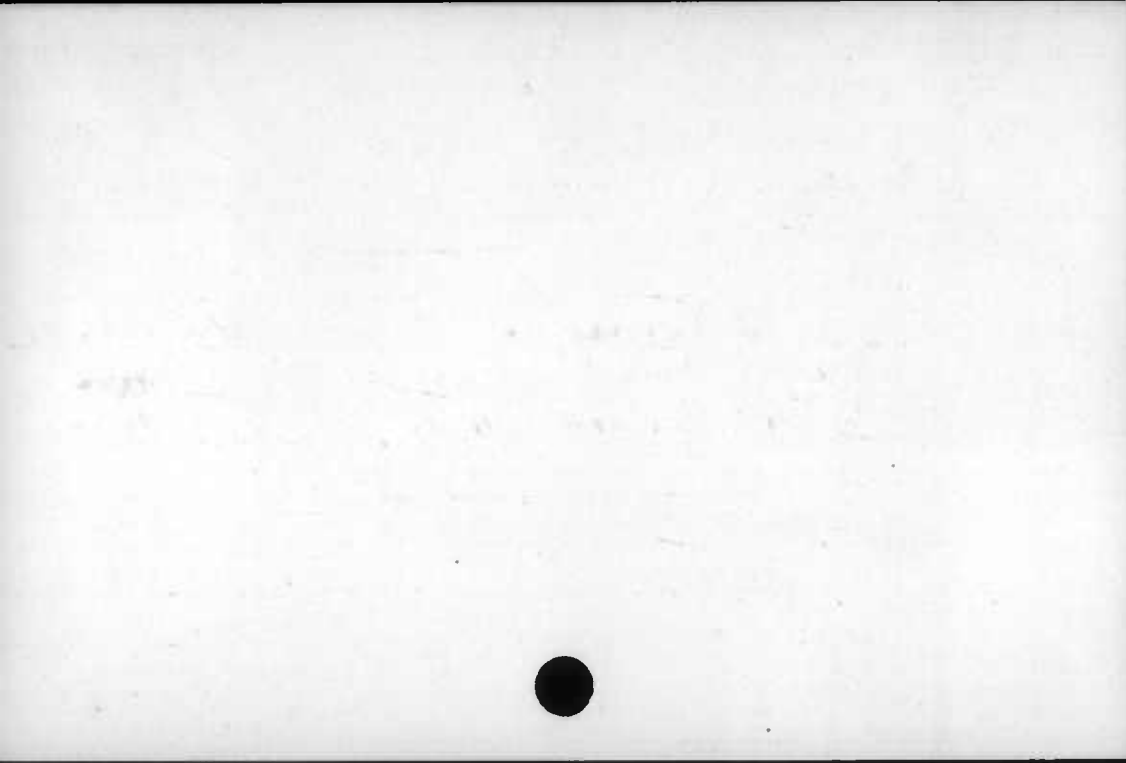
Name in Full		Mary Baynum				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
		Date of death <u>1908</u> Month <u>Sept</u> Day <u>17</u>		Age <u>24</u> Years		Months <u>—</u> Days <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>New Market</u>	
		Occupation <u>Housewife</u>		Where Residing if not at place of death <u>New Market</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Noah Baynum</u>			
PHYSICIAN OR CORONER		Father's Name <u>James Wiley</u>				Father's Birthplace <u>Dorchester</u>	
		Mother's Maiden Name <u>Mary Fanny Jackson</u>				Mother's Birthplace <u>Dorchester</u>	
		Name of person giving information <u>Noah Baynum</u>				How related to deceased <u>Husband</u>	
		CAUSES OF DEATH					
		Primary <u>Periperal Septic</u>				(137) How long <u>10 days</u>	
		Immediate <u>Tox. mening.</u>				How long <u>4 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>M. W. Goddard</u>	
		<u>Place of death at Cambridge</u>				Address <u>Cambridge</u>	
		<u>New Market</u>					
		Accident or Suicide?					



Name in Full		Charles H. Bell				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge Town		Anchuta County		MARYLAND							
	Date of death	1908	Month	Apr.	Day	01	Age	60	Years	Months	—	Days	—
	Sex	Male		Color or Race		White		Birth-place		Bur Co. Md.			
	Occupation	Sailor				Where Residing If not at place of death		Godsville Md.					
	Married, Single or Widowed	Married		Name of Wife or Husband		Lucetta Bell							
	Father's Name	Could not ascertain						Father's Birthplace		Unknown			
	Mother's Maiden Name	Not known						Mother's Birthplace		Unknown			
Name of person giving information	Violet Meredith						How related to deceased		Daughter				
CAUSES OF DETH													
PHYSICIAN OR CORONER	Primary	Typhoid fever						How long		2 weeks			
	Immediate	John Pneumonia						How long		1 week			
	Are the name, age, sex, color, date and place correctly given above?						y/s		Signature of Physician		J. H. Smith		
							Address		Cambridge Md				
	Accident or Suicide?												



Name in Full		Idaline B. Berry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Dorchester		MARYLAND	
	Date of death	1908	Sept	8th	Age	20	Months ~ Days ~
	Sex	Female		Color or Race	Colored		
	Occupation	Nurse		Where Residing if not at place of death	Dorchester Co		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William Berry			Father's Birthplace	Virginia	
	Mother's Maiden Name	Margaret L. Waller			Mother's Birthplace	Baltimore	
Name of person giving information	Margaret L. Waller			How related to deceased	Mother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(27)</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	Six months
	Immediate	Anemia				How long	Several weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Dexter B. Reynolds	
	Address						
Accident or Suicide? <input type="checkbox"/>							



Name in Full		William Joshua Bowley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death		1906	Month September	Day 13	Age —	Years —
	Sex		Male		Color or Race		Beach
	Occupation		none		Birth- place		Cambridge, Md.
	Where Residing if not at place of death		—				
	Married, Single or Widowed		single		Name of Wife or Husband		—
	Father's Name		John W. Bowley		Father's Birthplace		Dorchester Co. Md.
	Mother's Maiden Name		Emma Bowley		Mother's Birthplace		Virginia
Name of person giving information		John W. Bowley		How related to deceased		Father	
CAUSES OF DEATH							150
PHYSICIAN OR CORONER	Primary		How long				from birth
	Immediate		How long				one day
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
	Yes		Address				
	Accident or Suicide?		No physician Lemuel Barlow Justice of the Peace				

Name
in
Full

Late Jane Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

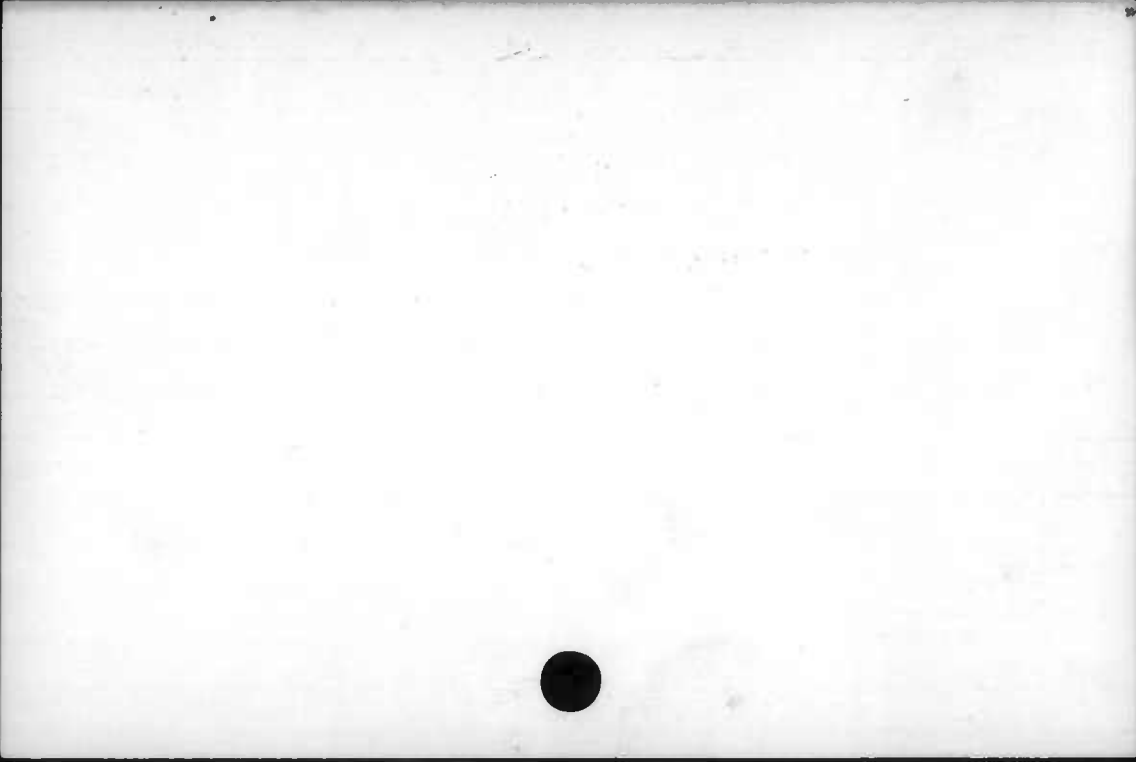
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>30</i>	Years <i>8</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Cambridge</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Cooper</i>		Father's Birthplace <i>Cambridge</i>					
Mother's Maiden Name <i>Mary Camper</i>		Mother's Birthplace <i>Cambridge</i>					
Name of person giving Information <i>Georgie C. Cook</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate	<i>Gradual Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lucy Steele</i>
		Address <i>Cambridge Md.</i>
Accident or Suicide <i>—</i>		



Name
in
Full

Sarah Cane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1908	Month	Septem	Day	23	Age	40
Sex	Female		Color or Race	Colored		Birthplace	Bucktown
Occupation	Housewife			Where Residing if not at place of death <i>Bawling</i>			
Married, Single or Widowed	Married		Name of Wife or Husband	Charlie Cane			
Father's Name	Arch Clash					Father's Birthplace	<i>Bucktown</i> Dorchester Co
Mother's Maiden Name	Mary Stiles					Mother's Birthplace	Don't Know
Name of person giving information	Martha Camper					How related to deceased	Sister

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Some weeks</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>A few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. M. S. L. L. L. L. L.</i>
Address	<i>Cambridge</i>		
Accident or Suicide?	<i>No</i>		



**TO BE ANSWERED BY
NEAREST FRIEND**

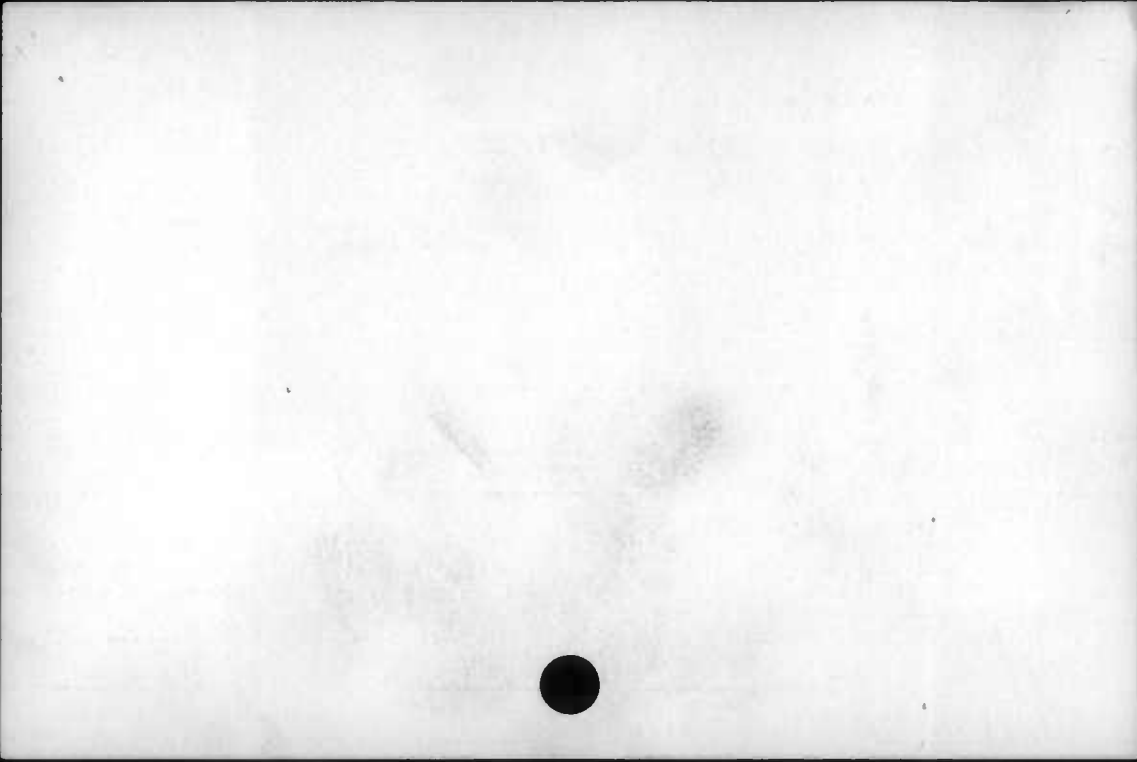
PHYSICIAN
OR CORONER

MARYLAND

How related to deceased	Wife
-------------------------	------

CAUSES OF DEATH

such



Name
in
Full

William O. Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambri</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 1908 <u>Sept</u> ^{Month} <u>2</u> ^{Day}		Age <u>23</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Hurlock</u> ^{Me}	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Hurlock</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>John W. Coleman</u>		Father's Birthplace <u>Hurlock</u> ^{Me}			
Mother's Maiden Name <u>Ida Neal</u>		Mother's Birthplace <u>Cabin Creek</u> ^{Me}			
Name of person giving information <u>John W. Coleman</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

How long 1 Some weeks

How long 2 days

PHYSICIAN
OR CORONER

Primary Typhoid fever

Immediate E. Lauson

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Dr. S. A. Jones

Cambri, Me

Accident or Suicide?

William

Name
in
Full

Margaret Rue Costman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

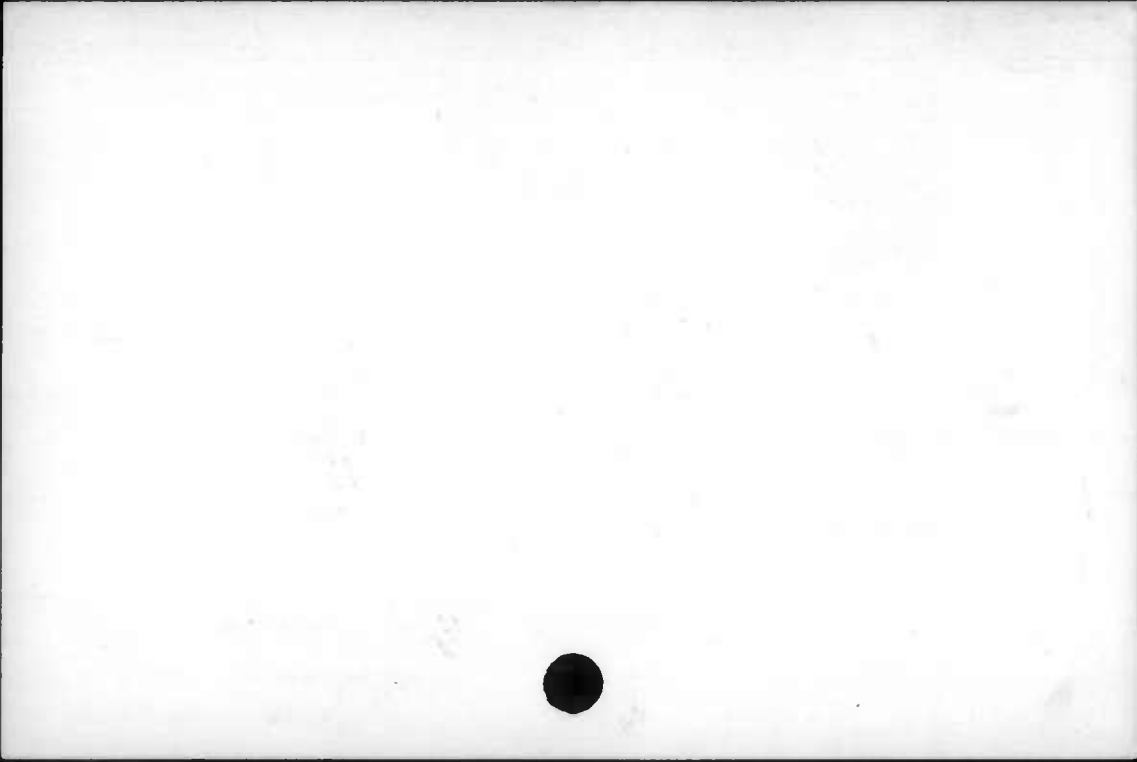
Died at		Town Cambridge		County Dorchester		State MA MARYLAND	
Date of death 1908		Month Sept	Day 26	Age 1		Months 2	Days 15
Sex Female		Color or Race Black		Birth- place Sumner-Lo			
Occupation Baby				Where Residing if not at place of death Cambridge ma			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Wilson				Father's Birthplace Sumner-Lo			
Mother's Meiden Nema Lizzie Bodley				Mother's Birthplace "			
Name of person giving Information Lizzie Bodley				How related to deceased Mother			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Stomach & bowel cancer	How long	2 weeks
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address No physician Eugene Sullivan Justice of the Peace	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harriet Belle Deunio's* Town *Amelock* County *Dorchester* MARYLAND

Died at *Amelock* Date of death *1908* Month *April* Day *4* Age *78* Years Months *6* Days

Sex *Female* Color or Race *White* Birth-place *Dorchester Co Md*

Occupation *Housewife* Where Residing if not at place of death *Preston Md.*

Married, Single or Widowed *Widow* Name of Wife or Husband *John M. Deunio*

Father's Name *John R. Deunio* Father's Birthplace *Washington*

Mother's Maiden Name *Margaret Bell* Mother's Birthplace *" "*

Name of person giving Information *Jesse L. Deunio* How related to deceased *Son*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

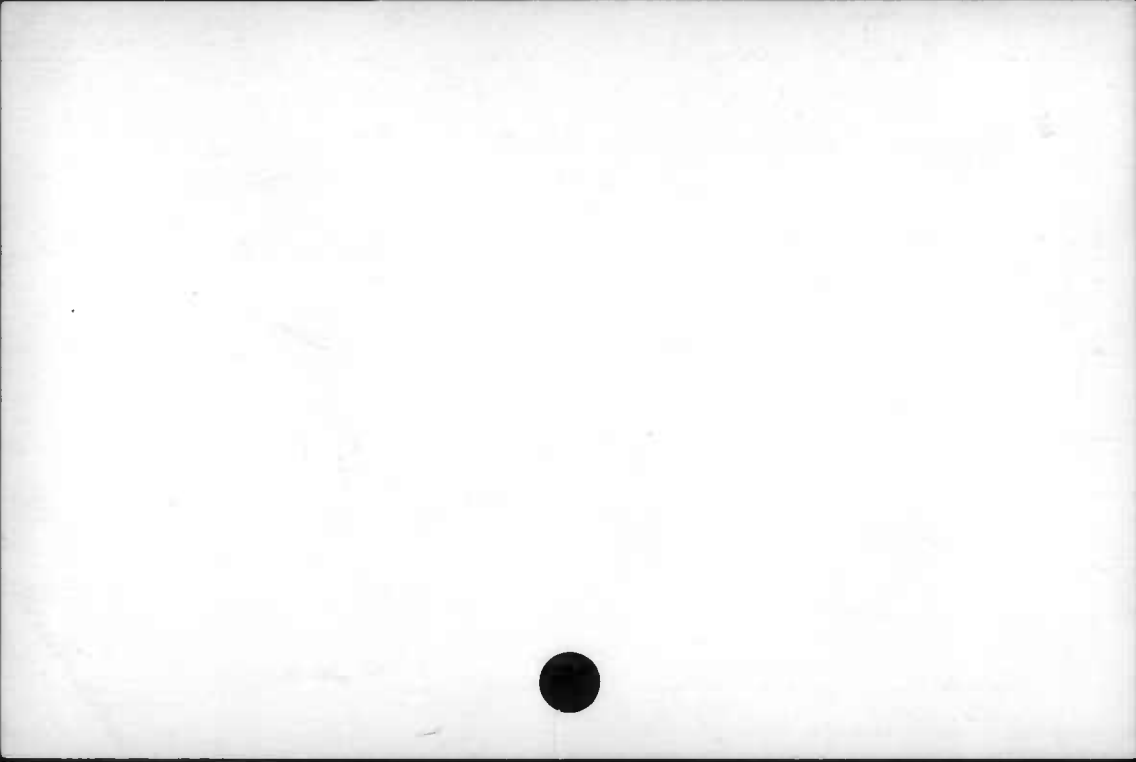
Primary *Catarrh of Stomach* How long *3 weeks*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. L. Hobbs* Address *Preston Md*

Accident or Suicide



Name
in
Full

Alvanta Ennels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

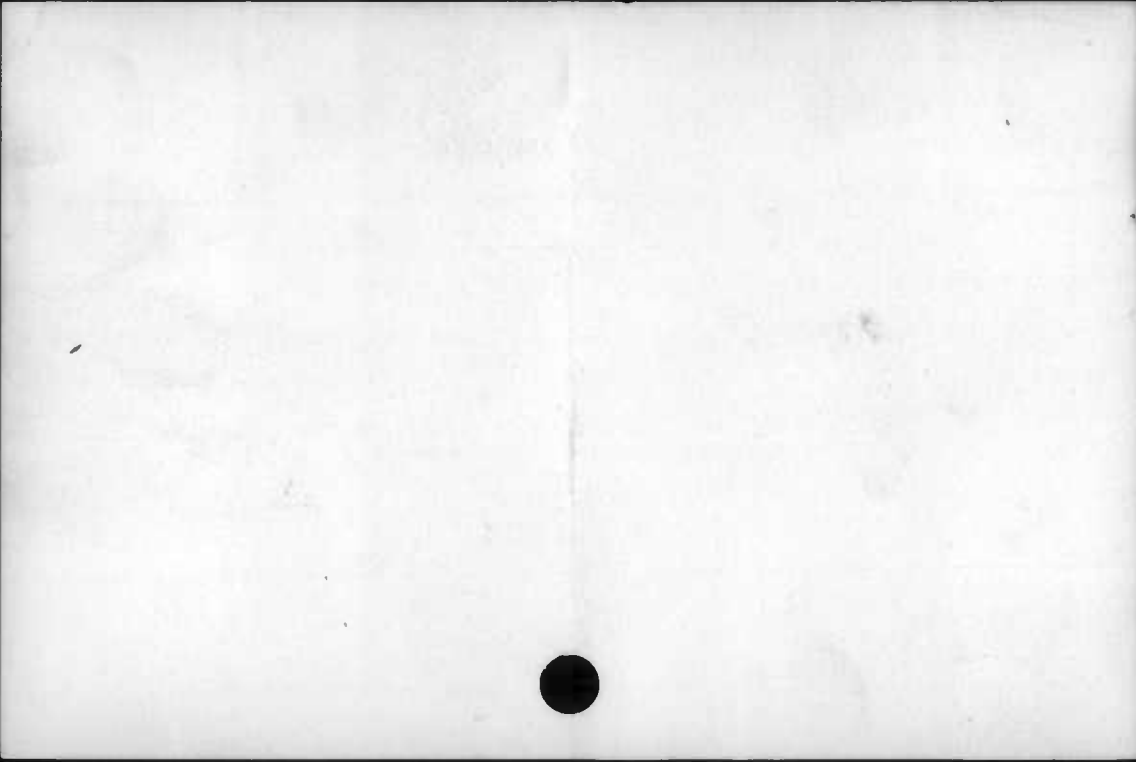
Died at Crapo. Town		Berchester County		MARYLAND	
Date of death 1908	Month Sept.	Day 14	Age 12	Months —	Days —
Sex Female	Color or Race Colored		Birth-place Berchester Co Md		
Occupation None			Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband Julia Ennels				
Father's Name Robt H. Ennels	Father's Birthplace Crapo. Md.		Mother's Birthplace Crapo. Md.		
Mother's Maiden Name Julia Ennels	How related to deceased Father				
Name of person giving information Robt H Ennels					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 10 days
Immediate ..	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Perry Stranberry
	Address Wingate - Md.
Accident or Suicide? —	



Name
in
Full

Clifton Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnesville</i> ^{Town}		<i>Barbers</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>23</i>	Age <i>1</i>	Months <i>1</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Hills Point Md</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name or Wife or Husband <i>none</i>				
Father's Name <i>Unknown</i>	Father's Birthplace				
Mother's Maiden Name <i>Hettie Hamilton</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Leland Stanley</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 mos</i>
Immediate <i>convulsions</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes M.D.</i>
	Address <i>Barnesville Md</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Janus Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Caulnap</u> Town		<u>Dorchester</u> County	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>5</u>	Years <u>11</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place	Months <u>-</u> Days <u>-</u>
Occupation <u>School Girl</u>	Where Residing if not at place of death <u>Caulnap Md</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>L. H. Hughes</u>	Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Not Known</u>		
Name of person giving information <u>Not Known</u>	How related to deceased		

CAUSES OF DEATH

How long

4 weeks

Primary

Typhoid Fever

How long

2 days

Immediate

Dysentery

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. G. L. Long

Address

Caulnap Md

Accident or Suicide?



Name
in
Full

Mary Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

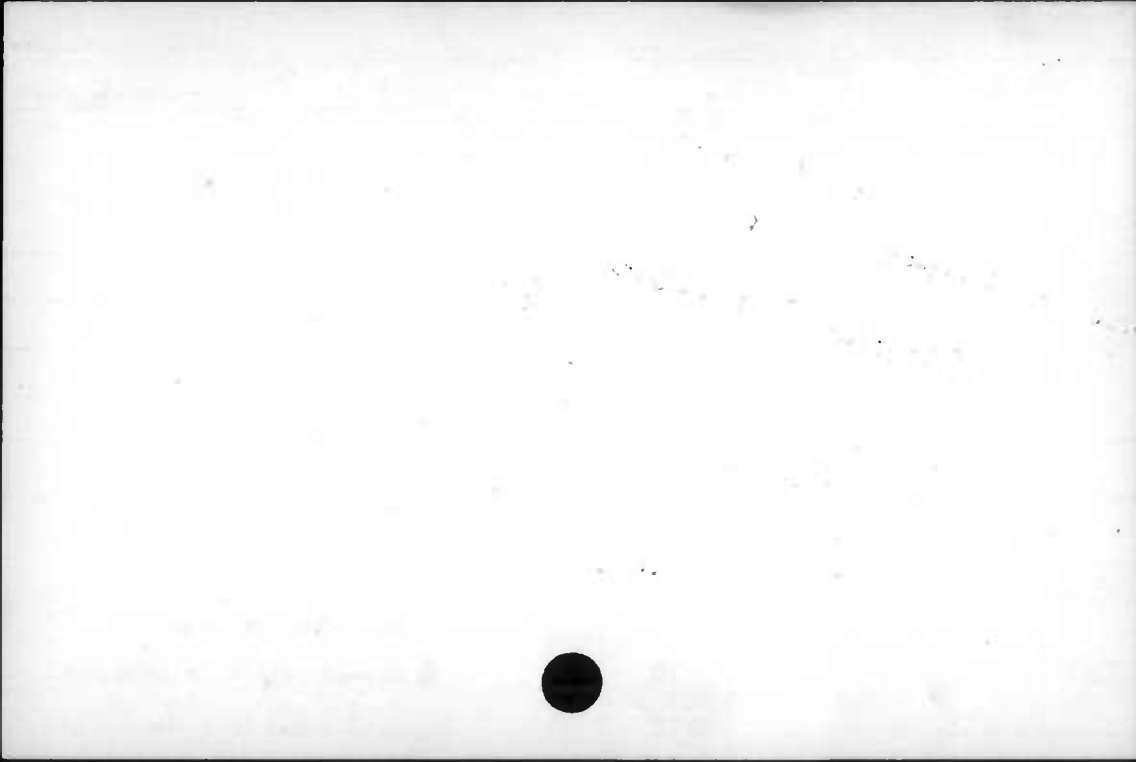
Died at		Town <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death		190 <u>8</u>	Month <u>Sept</u>	Day <u>28</u>	Age <u>22</u>	Years	Months <u> </u>
Sex		<u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Cambridge</u>	
Occupation		<u>House Keeper</u>		Where Residing if not at place of death		<u>Cambridge</u>	
Married, Single or Widowed		<u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name		<u>William Hill</u>				Father's Birthplace <u>Dorchester</u>	
Mother's Maiden Name		<u>Sarah Johnson</u>				Mother's Birthplace <u>Cambridge</u>	
Name of person giving Information		<u>George B Johnson</u>				How related to deceased <u>Born</u>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Enteritis</u>	How long	<u>3 months</u>
Immediate	<u>exhaustion</u>	How long	<u>" "</u>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<u>yes</u>		Address	
Accident or Suicide		<u>No Physician</u> <u>Clarence B. Lawrence</u> <u>Justice of the Peace</u>	



Name
in
Full

Viola Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

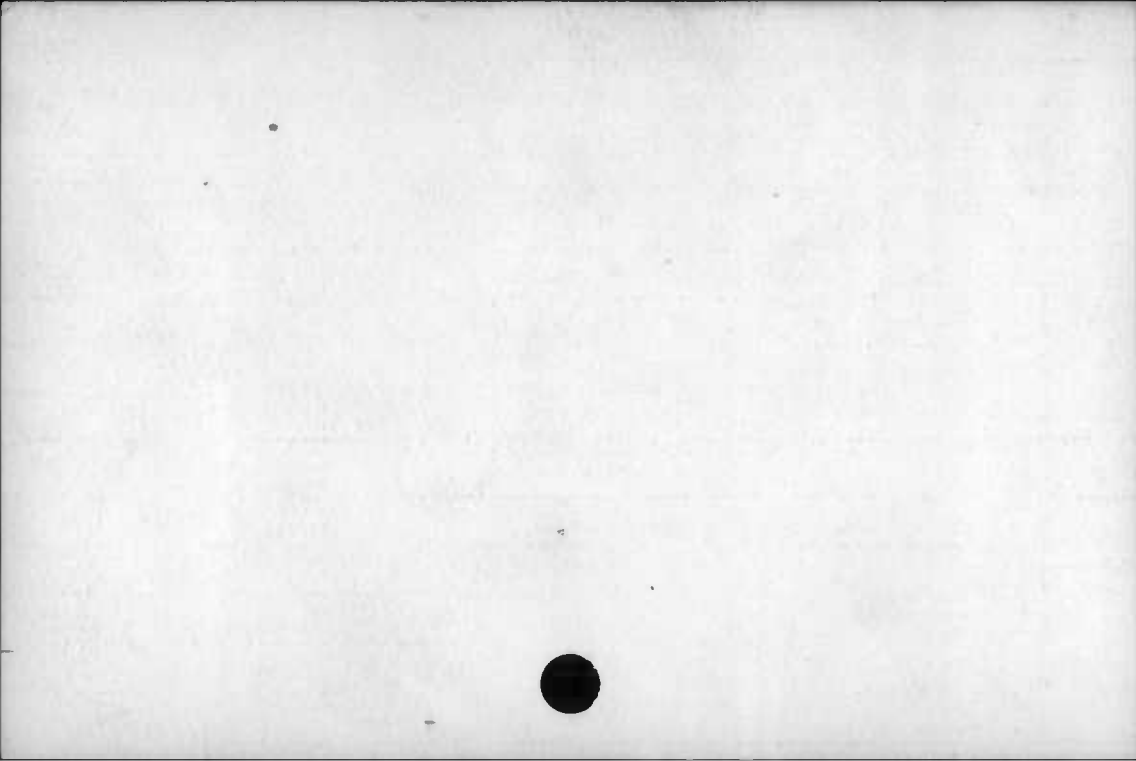
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1908	Month	Sept	Day	9
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>colored</i>	
Occupation	<i>Infant</i>		Birth-place	<i>Near Cambridge</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Josiah E. Johnson</i>			Father's Birthplace	<i>Dorchester Co.</i>
Mother's Maiden Name	<i>Wilhelmina Stiles</i>			Mother's Birthplace	<i>Dorchester Co.</i>
Name of person giving information	<i>Josiah E. Johnson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

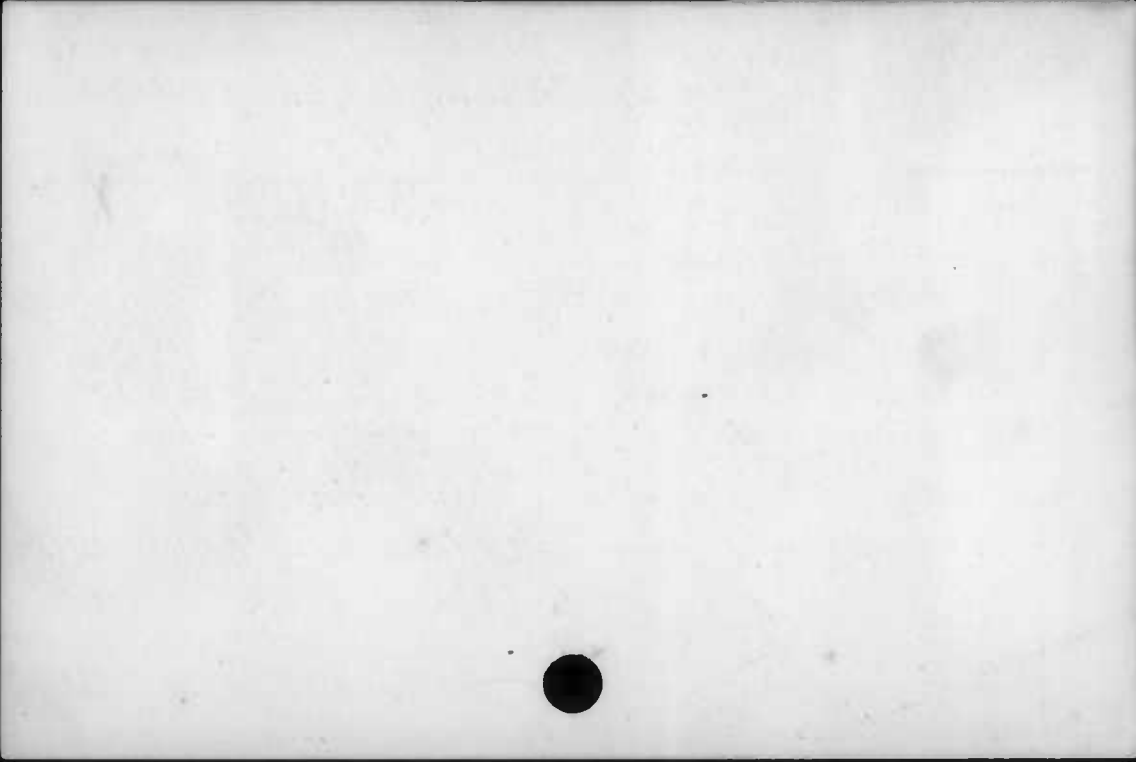
105

PHYSICIAN
OR CORONER

Primary	<i>Summer complaint</i>	How long	<i>2 weeks</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>No physician</i>	
Address		<i>Cement Bulwark</i>	
Accident or Suicide?		<i>Justice of the Peace</i>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Galesburg</i> Town		<i>Dorchester</i> County		MARYLAND
	Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>6</i>	Age <i>65</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>	
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret A. Marvin</i>			
	Father's Name <i>Charles Marvin</i>	Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name <i>Rachel Vaughn</i>	Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Herbert Marvin</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Rheumatism</i>		How long <i>2 years</i>		
	Immediate <i>Heart Failure</i>		How long <i>5 days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. R. Ash</i>		
			Address <i>Galesburg</i>		
Accident or Suicide?					



Name
in
Full

George E. Meekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Sep.	Day 22	Age	34	Years 10
Sex		Male		Color or Race		White	
Occupation		Sailor		Birth-place		Maryland	
Married, Single or Widowed		Single		Where Residing if not at place of death		Cambridge	
Father's Name		Daniel Meekins		Father's Birthplace		Maryland	
Mother's Maiden Name		Annice Maguire		Mother's Birthplace		x	
Name of person giving Information		Mrs John Newcomb		How related to deceased		None	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Intestinal is the cause	How long	Several months
Immediate	Exhaustion	How long	A few days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. W. L. B. B. B.	
Address		Cambridge, Md.	
Accident or Suicide			



Name
in
Full

Emma E. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cambridge County Dorchester **MARYLAND**

Died at Cambridge

Date of death 190 8 Month Sep. Day 1 Age 48 Years 11 Months 29 Days

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Wiram G. Miller

Father's Name James Miller Father's Birthplace Maryland

Mother's Maiden Name Mahala Warren Mother's Birthplace "

Name of person giving Information Wiram G. Miller How related to deceased Husband

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Chronic Diarrhea How long 2 or 3 months

Immediate Gradual Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yrs Signature of Physician W. J. Steele

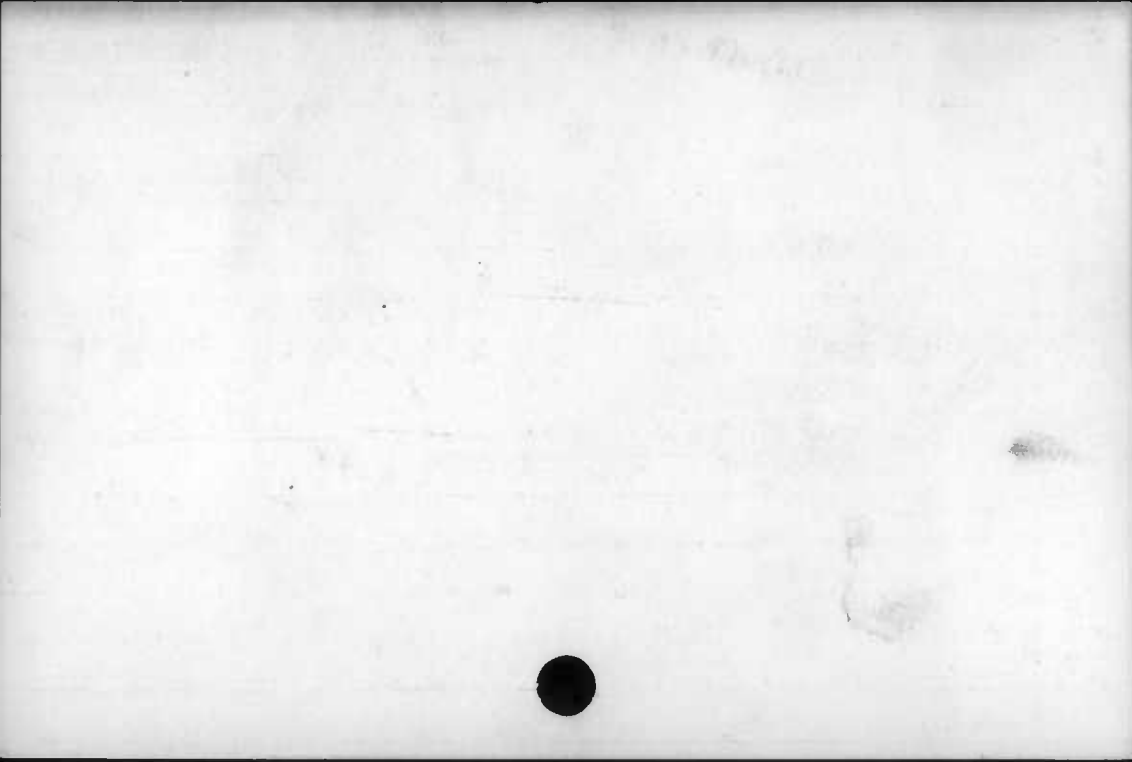
Address Cambridge Md.

Accident or Suicide X



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
	Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>6th</u>	Years <u> </u>	Months <u>1</u> Days <u>3</u>	
	Sex <u> </u>	Color or Race <u>Colored</u>		Birth-place <u>Dorchester Co</u>		
	Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
	Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
	Father's Name <u>Winfield Molock</u>		Father's Birthplace <u>Dorchester Co</u>			
	Mother's Maiden Name <u>Salona Britche</u>		Mother's Birthplace <u>Dorchester Co</u>			
Name of person giving information <u>Salona Molock</u>		How related to deceased <u>Mother</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		<u>Gastro Enteritis</u>		How long <u>Two weeks</u>	
	Immediate		<u>Eclampsia</u>		How long <u>Several hours</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>Dexter B. Reynolds</u>	
	Accident or Suicide?		<u> </u>		Address <u>Cambridge Md</u>	

105



Name
in
Full

Ander Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

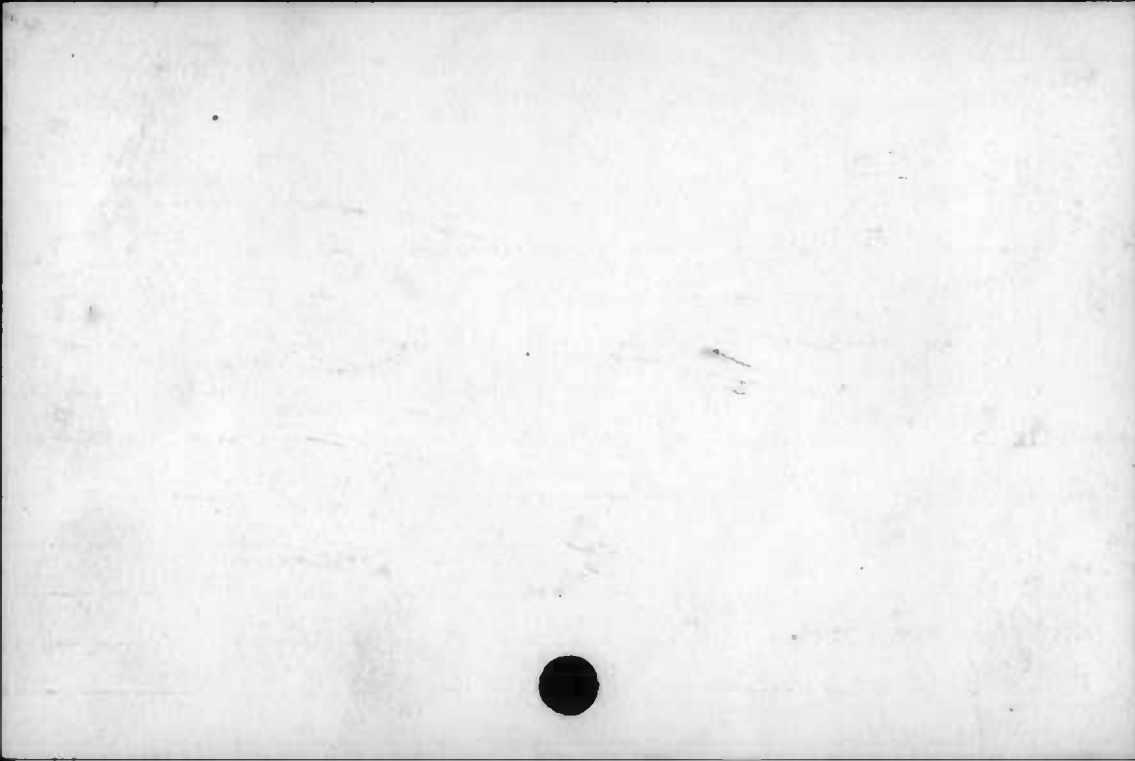
Died at <i>Rhodesdail</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>5</i>	Age <i>91</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Eldorado</i>		
Occupation <i>Farm work</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Lena Neal</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Harriet Johnson</i>			Mother's Birthplace <i>Salun</i>		
Name of person giving information <i>Thos. Cy-</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Two weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nicols, MD</i>
	Address <i>E. N. Market</i>
<i>Accident or Suicide?</i>	<i>MD</i>



Name
in
Full

Stanford Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

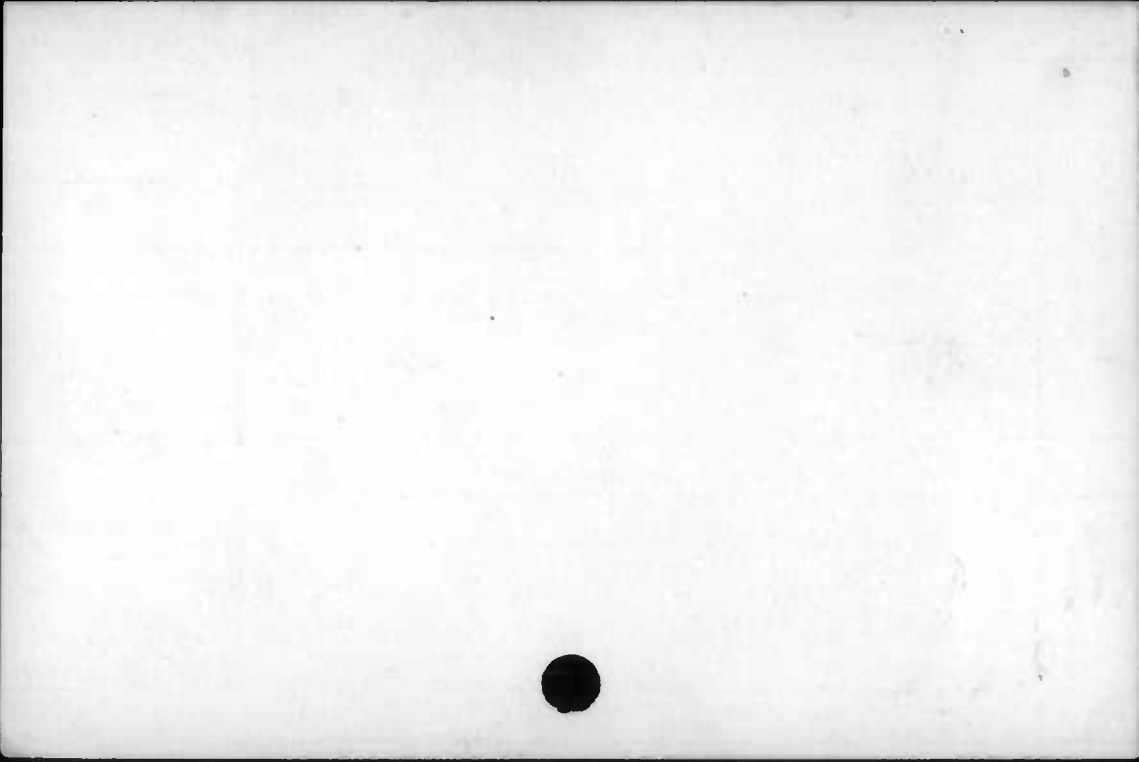
Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>Sept</i>	Day <i>29th</i>	Age <i>72</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Dorchester Co</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mahala Nichols</i>				
Father's Name <i>Harry Perry</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Suey Jenkins</i>	Mother's Birthplace <i>Dorchester Co</i>				
Name of person giving information <i>Luke Nichols</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 mos</i>
Immediate <i>Peritonitis</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dexter B. Reynolds MD</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Maud S Orem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

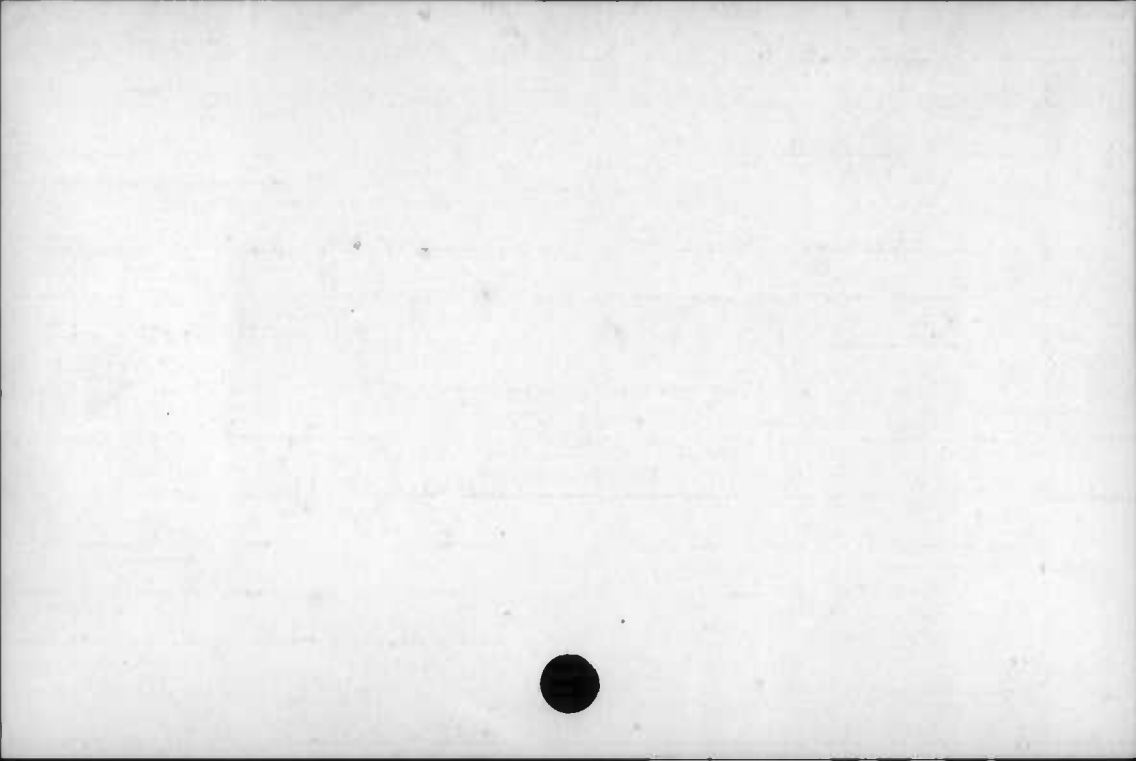
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Sep	Day 3	Age 23	Years	Months Days
Sex		Female		Color or Race White		Birth-place Summit Co	
Occupation		House Lady		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John K Orem				Father's Birthplace Summit Co	
Mother's Maiden Name		Dora - Kuyou				Mother's Birthplace Dora - Kuyou	
Name of person giving information		John L Shulby				How related to deceased Brother Law	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary		3 ulcers is		How long		8 1/2 minutes	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
Accident or Suicide?				No Physician			
				Summit Co			
				Justice of the Peace			



Name

In
Full

Stillham Francis Payne

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

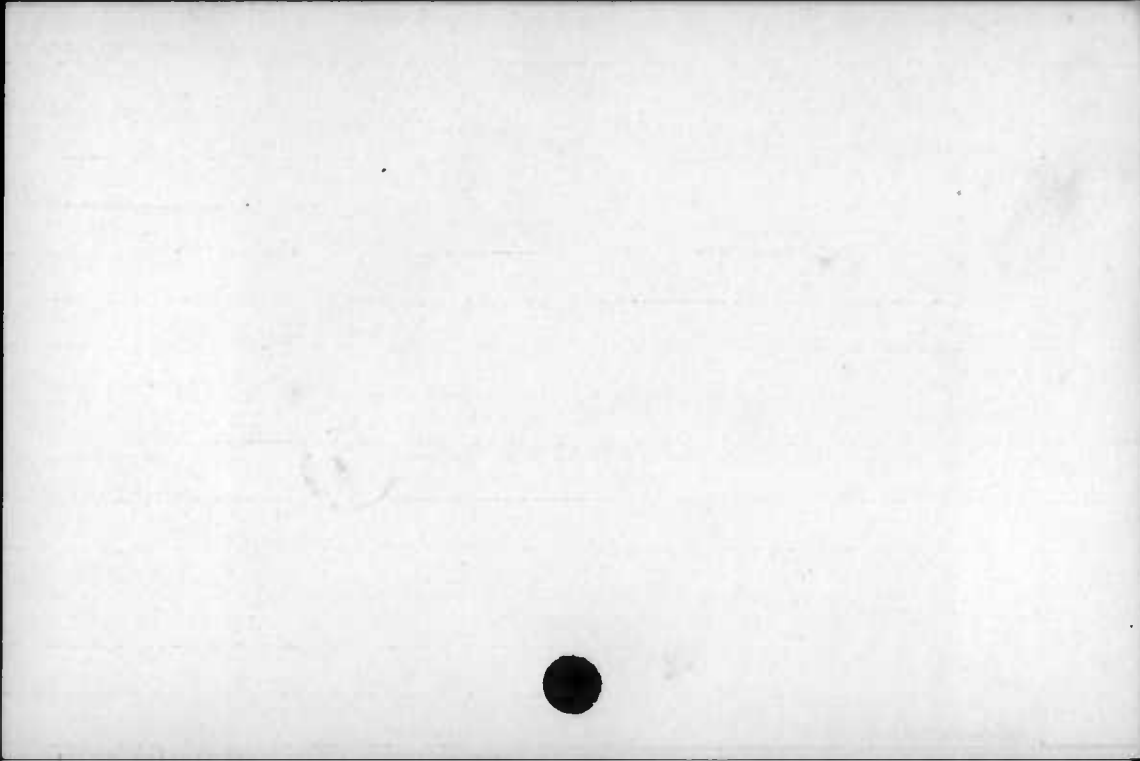
Died at <u>Hurlock</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Sept</u> ^{Month}	<u>27</u> ^{Day}	Age <u>56</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Caroline Co Md</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>Hurlock</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Josephine Payne</u>			
Father's Name <u>James L Payne</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>Julia Blanks</u>			Mother's Birthplace <u>Caroline Co Md</u>		
Name of person giving information <u>Josephine Payne</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic Nephritis</u>	How long <u>2 Years</u>
Immediate <u>Uremia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. G. Lanning</u>
 Accident or Suicide? <u> </u>	Address <u>Hurlock</u>
	<u>Dorchester Co Md</u>



Name
in
Full

Susan K. Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

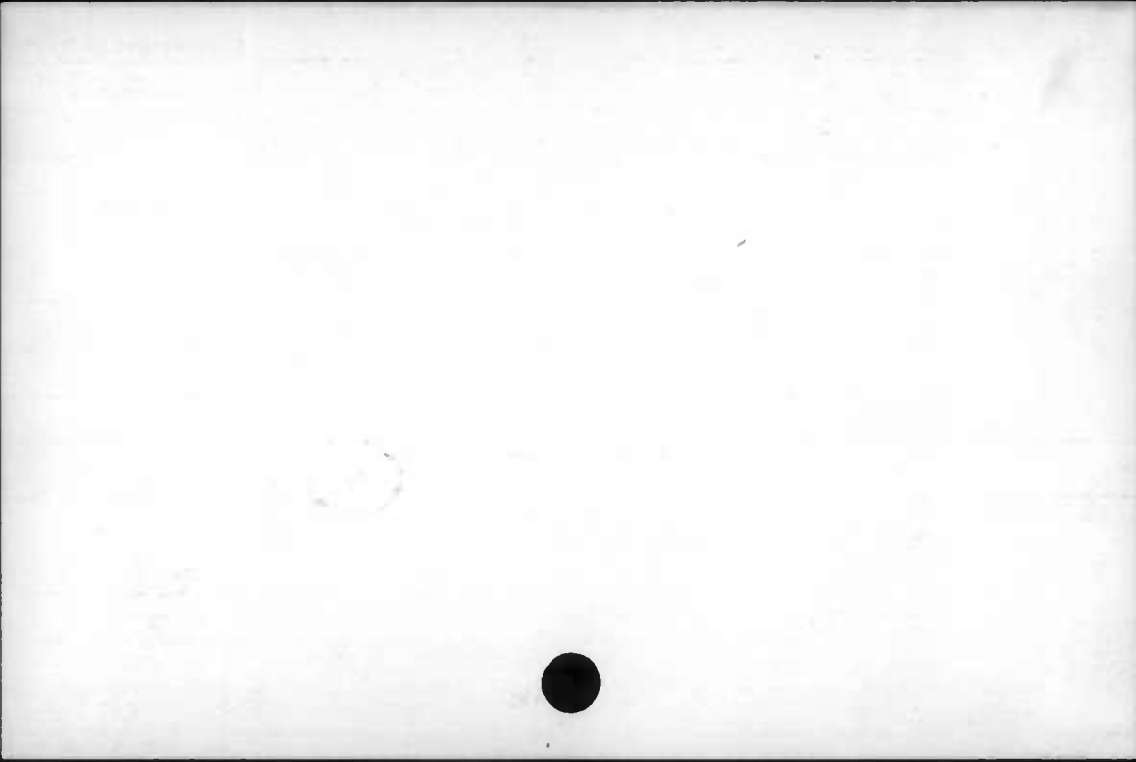
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		190	8	Month	7	Day	Age
		Sep.				62	
						11	
						28	
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Maryland	
Where Residing if not at place of death		Cambridge					
Married, Single or Widowed		Widow		Name of Wife or Husband		Martin J. Perkins	
Father's Name		William James		Father's Birthplace		Maryland	
Mother's Maiden Name		Mary A. Stewart		Mother's Birthplace		"	
Name of person giving Information		Mathie Davidsoff		How related to deceased		Daughter	

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid fever Acute Bright's disease	How long	6 weeks
Immediate	Uræmic Coma	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Gus Lieke	
Address		Cambridge Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>8</i>	Day <i>3</i>	Years <i>40</i>	Months <i>1</i>	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Canada</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Nettie Peters</i>					
Father's Name <i>Thos. P. Peters</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Sarah Brown</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Thos. P. Peters</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Toxaemia of Typhoid</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician <i>Walter H. Tolbert</i>		Address <i>Cambridge</i>	
Accident or Suicide?		<i>No</i>	

Isaac Young
Jr.
Mary Coleman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

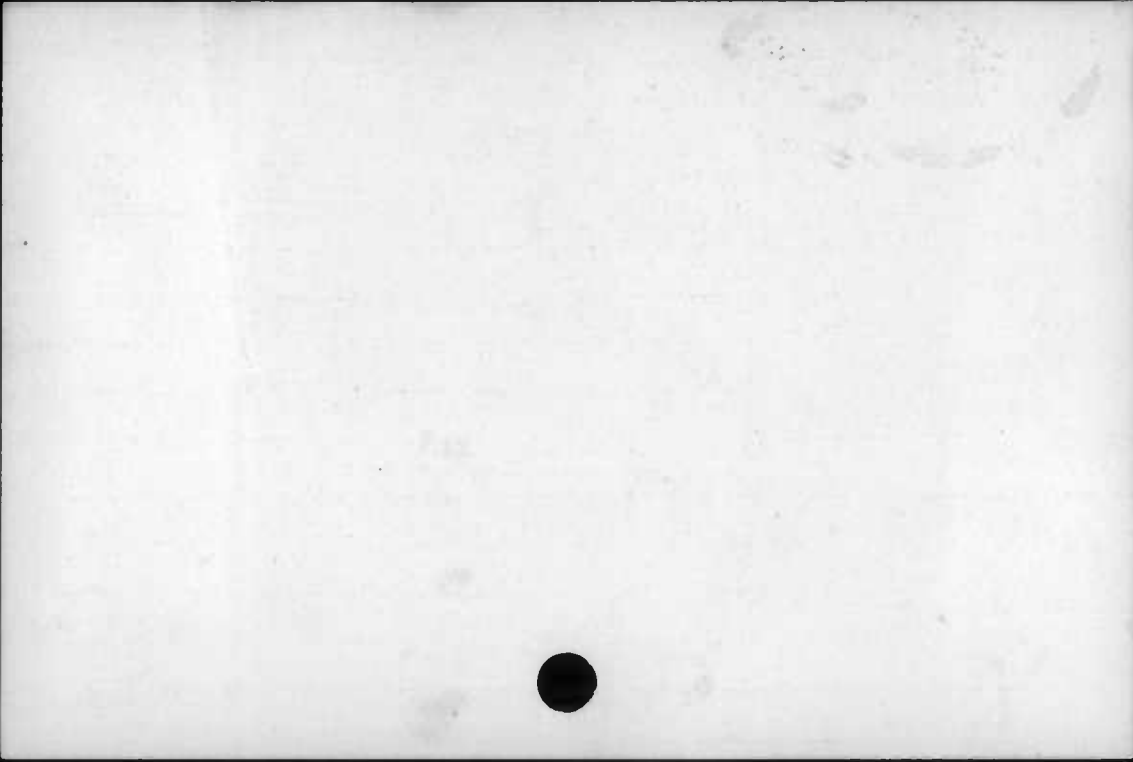
Died at <i>Harlock</i> ^{Town}		<i>Harlock</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sept</i>	Day	<i>7</i>
Age		<i>63</i>	Years	Months	<i>-</i>
Sex	<i>Male</i>	Color or Race	<i>colored</i>	Birth-place	<i>Md</i>
Occupation		<i>Farmer</i>			
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Harrick Frazer</i>			
Father's Name		<i>Emory Pinder</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name		<i>Not known</i>		Mother's Birthplace <i>Md. G</i>	
Name of person giving information		<i>Joseph Ross</i>		How related to deceased <i>son-in-law</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phtisis Pulmonalis</i>	How long	<i>13 months</i>
Immediate		How long	<i>13 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. F. Maguire</i>	
Address			
Accident or Suicide?			



Name
in
Full

Robert Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

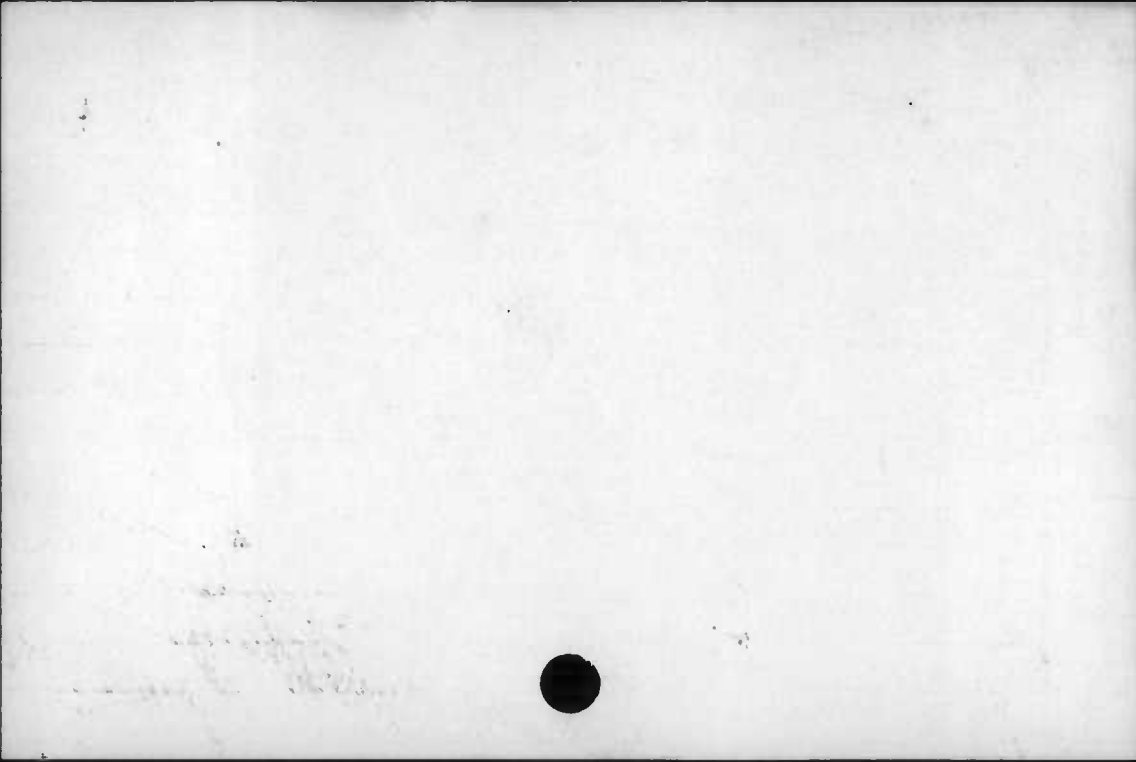
Died at <u>Baltimore</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1908	Month	Sept	Day	17
Age	37	Years		Months	2
		Days	27		
Sex	Male	Color or Race	Colored	Birth-place	Cambridge
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Pinkett		
Father's Name	Dont Know			Father's Birthplace	Antietam
Mother's Maiden Name	Mariah Pinkett			Mother's Birthplace	Vienna Md
Name of person giving information	Matthew Pinder			How related to deceased	Not at all

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Until Known
Immediate	Exhaustion	How long	Short
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Wolff	
		Address	
		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Ann M. Ross

CERTIFICATE OF DEATH

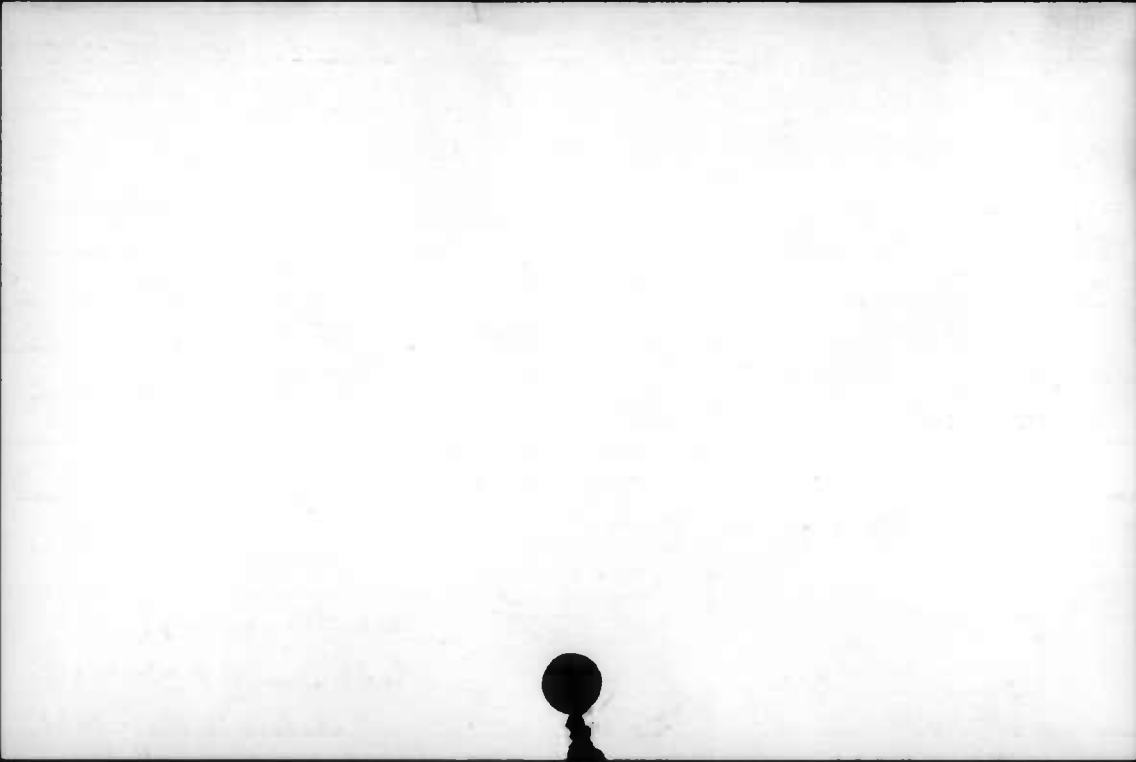
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Sep.	Day 9	Age 84	Years 8	Months Days
Sex Female		Color or Race White		Birth- place Maryland			
Occupation None				Where Residing if not at place of death Cambridge			
Married, Single or Widowed Widow		Name of Wife or Husband Lewis Ross Jr.					
Father's Name Nicholas Thomas		Father's Birthplace Maryland					
Mother's Maiden Name Janie Goodenbrough		Mother's Birthplace "					
Name of person giving Information Clinton T. Ross		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis and old age	How long	10 days
Immediate	Exhaustion	How long	A few days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. M. Goodenbrough	
		Address Cambridge, Md.	
Accident or Suicide			



Name
in
Full

Upshur Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Cambridge		Cambridge		Borchester Co		Md	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sep	16	12			
Sex		Color or Race		Birth-place			
male		Black		Crisfield			
Occupation		Where Residing if not at place of death					
School Boy		Cambridge					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Edward Sanders		Hoffock Va					
Mother's Maiden Name		Mother's Birthplace					
Ellen Scott		Baltimore					
Name of person giving information		How related to deceased					
Edward Sanders		Father					

CAUSES OF DEATH

Primary	Typhoid Fever	How long	2 weeks
Immediate	" "	How long	" "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

No Physician
 Clarence Sullivan
 Justice of the Peace

Accident or Suicide?



Name
in
Full

Schwarz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hudson</i> Town		<i>Bochster</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>4</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hudson Ind</i>			
Occupation <i>infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Martin Schwarz</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Emma Marx</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>M. Schwarz</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary <i>Purpura haemorrhagica</i>	How long <i>4 days</i>
Immediate <i>Haemorrhages</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. A. Stokes.</i>
<i>[Signature]</i>	Address <i>Carmersville Ind</i>
Accident or Suicide?	



Name
in
Full

William Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

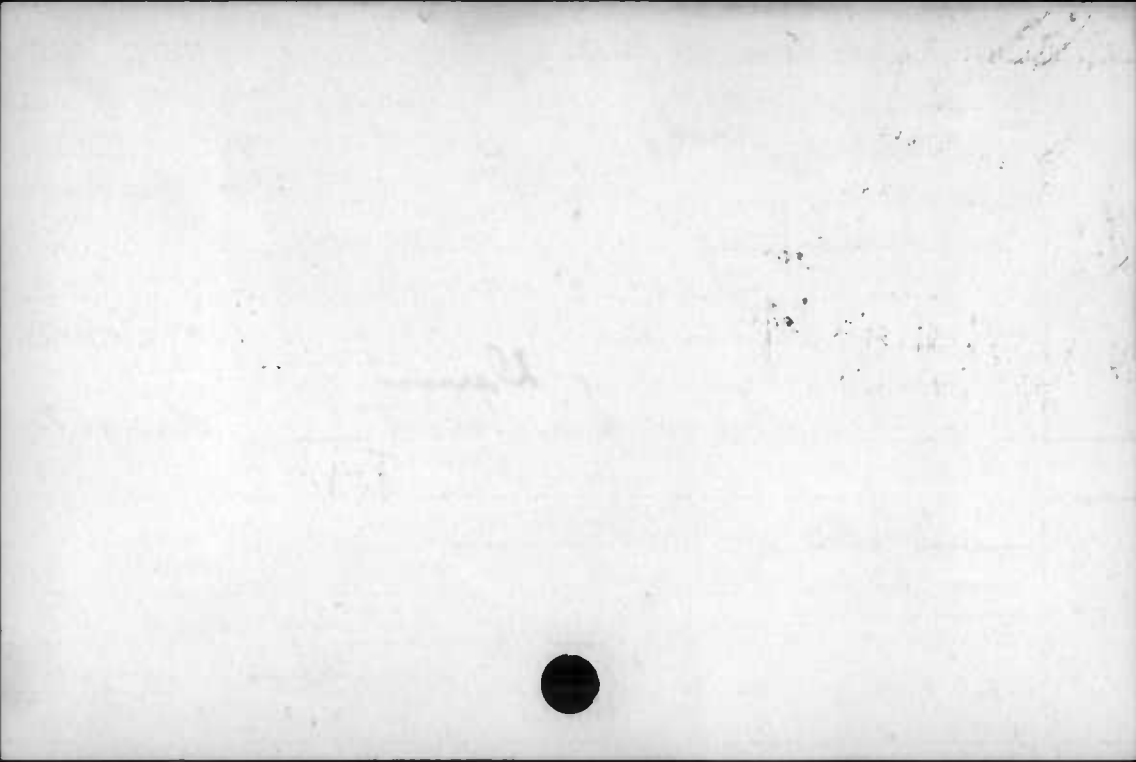
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		Sept	12	60			
Sex		Color or Race		Birth-place			
male		White		Carlin Co			
Occupation				Where Residing if not at place of death			
Labor							
Married, Single or Widowed		Name of Wife or Husband					
married		Margrati Shanahan					
Father's Name		Father's Birthplace					
William Shanahan		Carlin Co					
Mother's Maiden Name		Mother's Birthplace					
Rebecca F. Loherty		Carlin Co					
Name of person giving information				How related to deceased			
John M. Bradley				Step Son			

CAUSES OF DEATH

(44)

PHYSICIAN
OR CORONER

Primary	Cancer (Epithelioma of neck)	How long	years
Immediate	Exhaustion	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		No physician	
		Address	
		Greenwood & Sullivan	
		Justice of the Peace	
Accident or Suicide?			



Name
in
Full

Olecebous Short

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Wm Rhoadesdale*

Date

Month

Day

Years

Months

Days

of death 1908

9

24

Age

61

4

Sex

male

Color or
Race

white

Birth-
place

Dor Co Md

Married, Single
or Widowed

married

Occupation

Dor Co Md

Name of Wife or
Husband

✓ Sallie Short

Father's
Name

✓ William Short

Father's
Birthplace

Wm Co Md

Mother's
Maiden Name

✓ Nancy Dunn

Mother's
Birthplace

" " "

Name of person giving
In formation

Olecebous Short

How related
to deceased

daughter

CAUSES OF DEATH

120

Primary

Brights Disease

How long

2 mo

Immediate

Heart failure

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. Rogers Myers

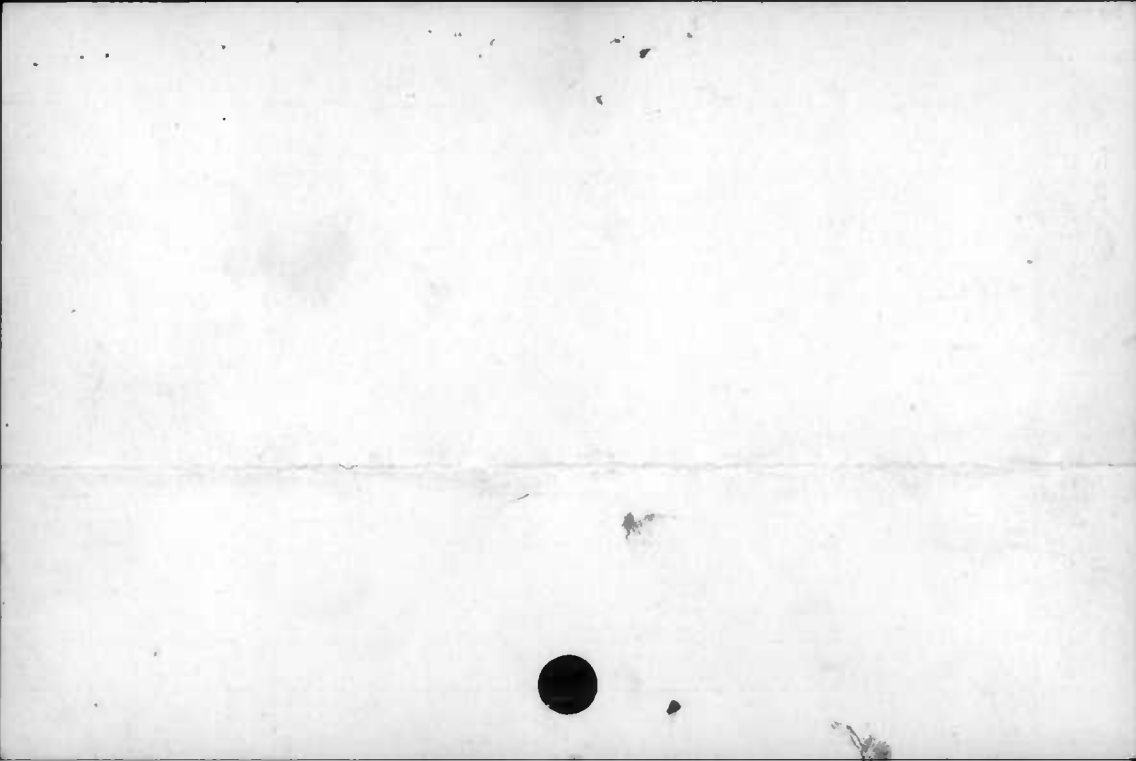
Address

Shirlock

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

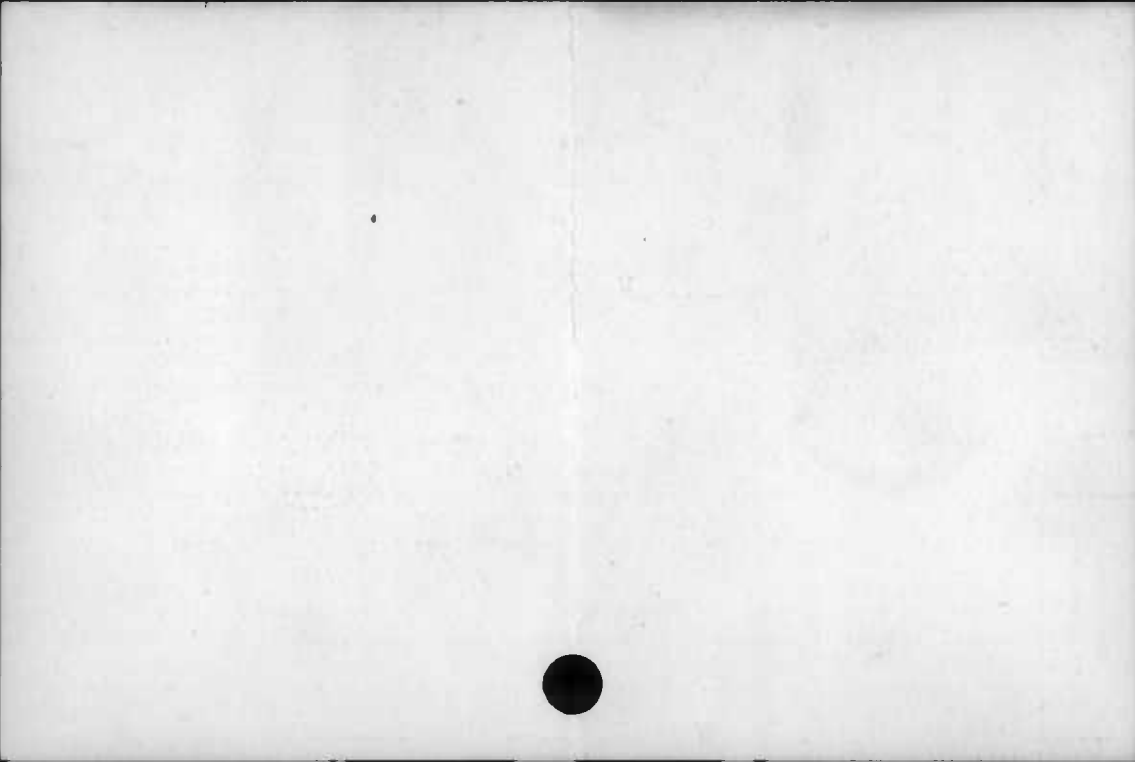
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hallands Island</i> ^{Town} <i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Sept</i> ^{Month}	<i>15</i> ^{Day}
Sex	<i>Male</i>	Color or Race	<i>white</i>
Occupation	<i>Waterman</i>	Birth-place	<i>Dorchester Co.</i>
Where Residing if not at place of death		<i>Hallands Island</i>	
Married Single <i>Widowed</i>	Name of Wife or Husband <i>Mary Langrell</i>		
Father's Name	<i>dont no</i>		Father's Birthplace <i>dont no</i>
Mother's Maiden Name	<i>" M.C. Todd "</i>		Mother's Birthplace <i>" Soni "</i>
Name of person giving information	<i>M.C. Todd</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old Age</i>	How long	<i>2 years</i>
Immediate	<i>Apoplexy on</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo B. Brown</i>
		Address	<i>Deals Island Md.</i>
Accident or Suicide?			



Name
in
Full

Mrs. Bassie W. Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

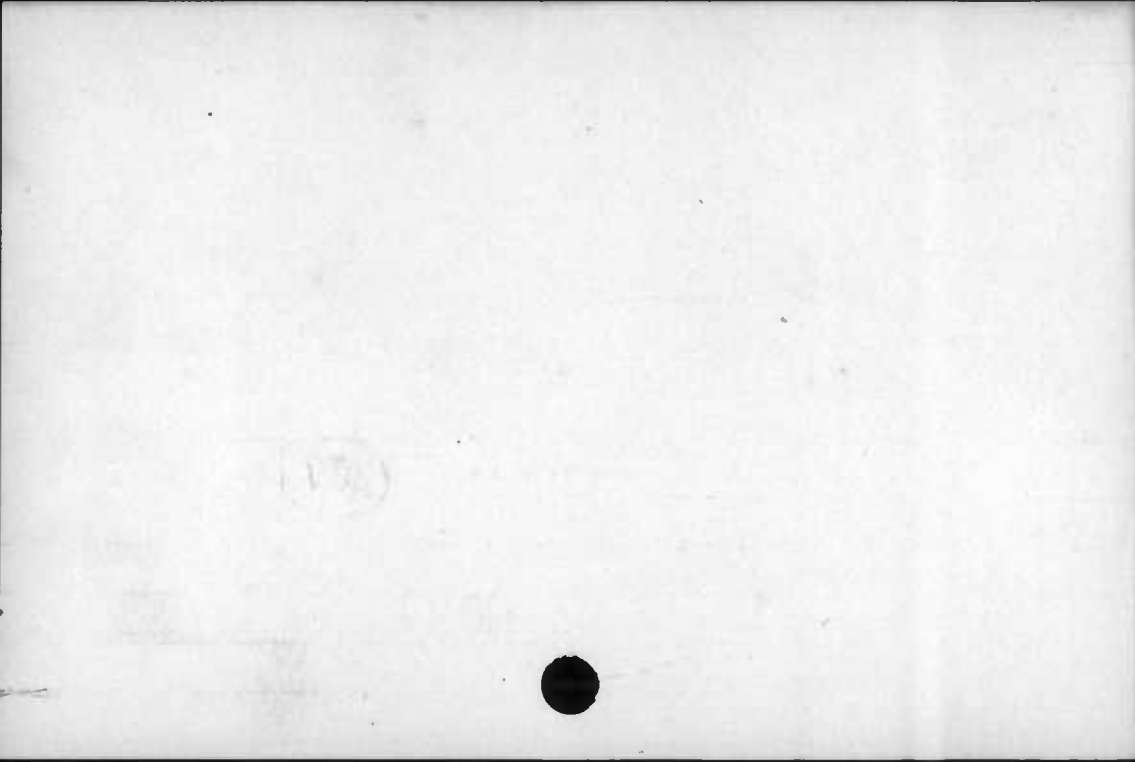
Died at <u>Fishing Beach</u> ^{Town} <u>Dorchester</u> ^{County}		MARYLAND	
Date of death	Month <u>Sept.</u>	Day <u>19th</u>	Years <u>27</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Months <u>0</u>	Days <u>13</u>
Occupation <u>Housewife</u>	Birth-place <u>Dorchester Co.</u>		
Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lavinia D. Tyler</u>		
Father's Name <u>Wm. E. Brohawn</u>	Father's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name <u>Elizabeth A. Brohawn</u>	Mother's Birthplace <u>Dorchester Co.</u>		
Name of person giving information <u>Mrs. Sallie Johnson</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Probably Tuberculosis</u>	How long <u>Six months</u>
Immediate	<u>Cardiac Failure & Exhaustion</u>	How long <u>Three days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Hornet</u>	Address <u>Fishing Beach, Md.</u>
Accident or Suicide?		



Name
in Full

La Fayette Munroe Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harpersville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Sept</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age	<i>1</i> <small>Months</small> <i>13</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Harpersville Ind</i>		
Occupation			Where Residing if not at place of death <i>Harp</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wrightson Bradley Tyler</i>			Father's Birthplace <i>Harpersville Ind</i>		
Mother's Maiden Name <i>Kate Harp</i>			Mother's Birthplace <i>Harpersville Ind</i>		
Name of person giving information <i>Wrightson Bradley Tyler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cholera Infantum</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Laurence P. Ashton J.P.</i>
	Address <i>Harpersville Ind</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

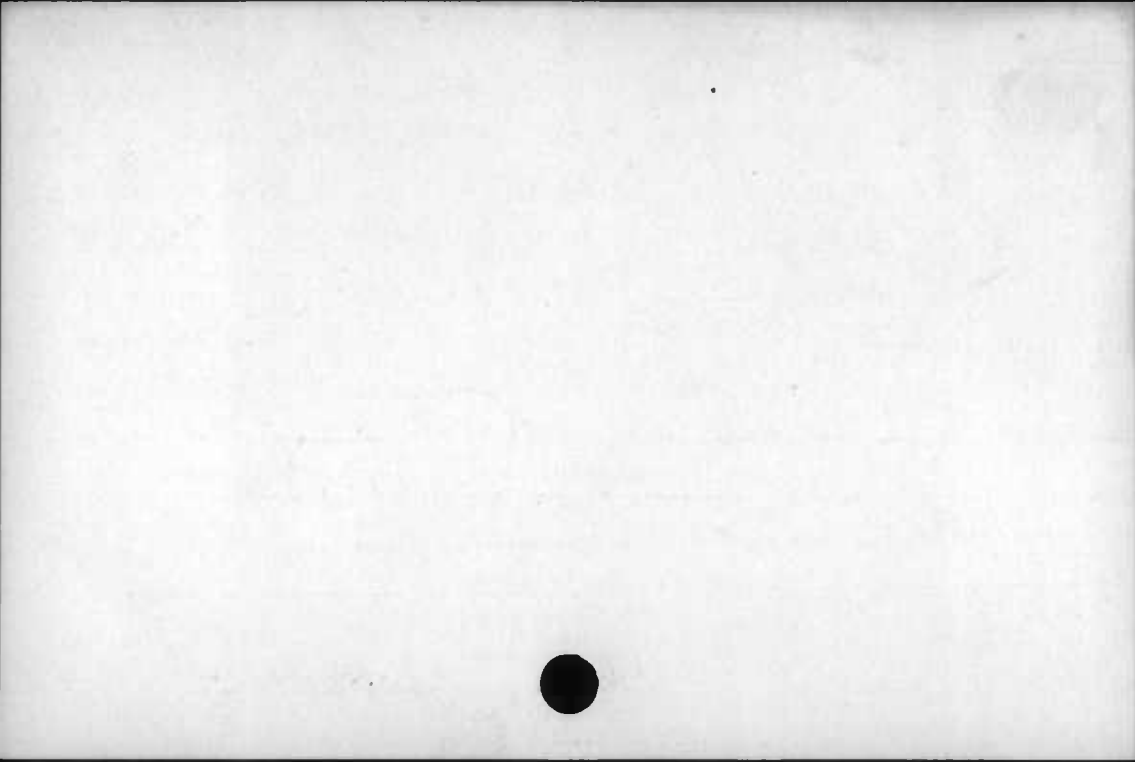
Died at		Cambridge Dorchester			TOWN		COUNTY		MARYLAND			
Date of death		1908	Month	Sept	Day	5	Age	Years	7	Months	Days	
Sex		Female			Color or Race			White			Birth-place	
Occupation		Baby			Where Residing if not at place of death			Cambridge ma				
Married, Single or Widowed		Single			Name of Wife or Husband							
Father's Name		Hannie B Whitt					Father's Birthplace					
Mother's Maiden Name		Virginia Lewis					Mother's Birthplace					
Name of person giving information		Hannie B Whitt					How related to deceased					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>4 weeks</i>
Immediate	<i>Uremia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Martin W. Leaborough</i>
		Address	<i>Cambridge</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

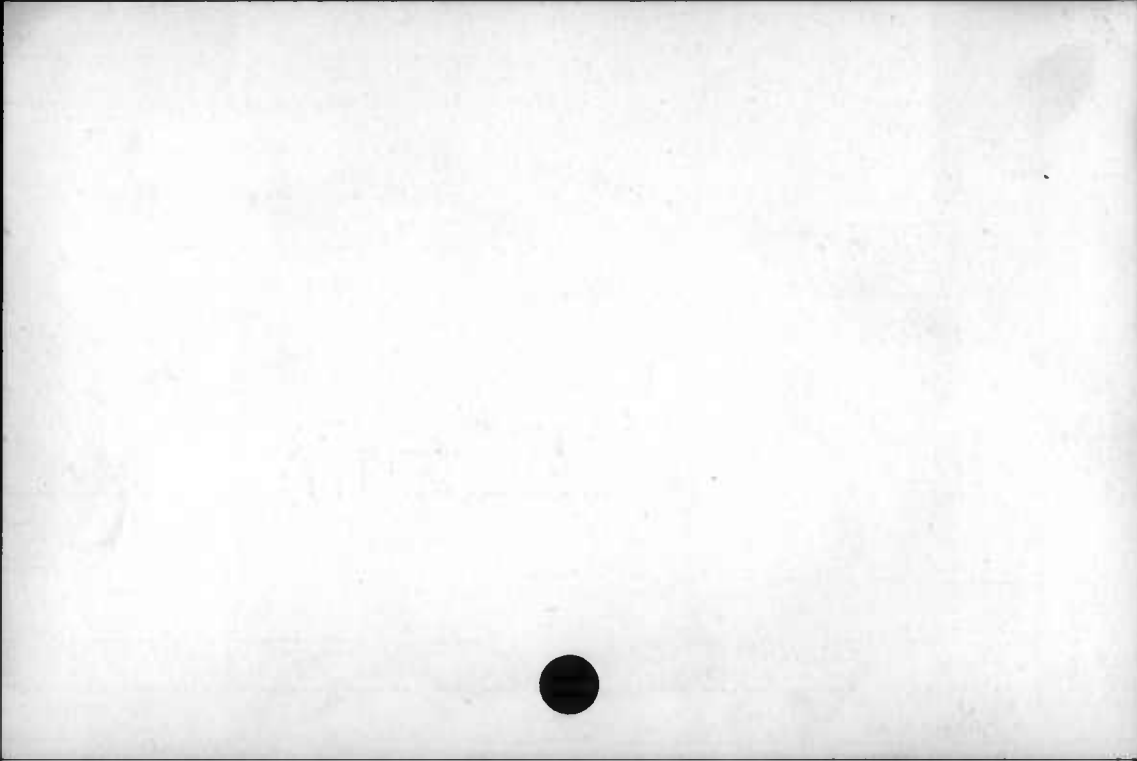
Name in Full <i>May Woodward</i>		Town <i>Hurdock</i>		County <i>Deer</i>		MARYLAND	
Died at <i>Mr Hurdock</i>							
Date of death 190 <i>8</i>	Month <i>9</i>	Day <i>21</i>	Age	Years	Months <i>4</i>	Days <i>15</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Deer Co</i>				
Married, Single or Widowed <i>single</i>			Occupation				
Name of Wife or Husband <i>none</i>							
Father's Name <i>Joe A Woodward</i>				Father's Birthplace <i>Franklin Co Va</i>			
Mother's Maiden Name <i>May V Moore</i>				Mother's Birthplace <i>Deer Co</i>			
Name of person giving information <i>Joe A Woodward</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Infection</i>	How long
Immediate <i>the same</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Rogers Myers</i>
<i>Yes</i>	Address <i>Hurdock</i>
Accident or Suicide?	<i>Med</i>



Name
in
Full

Noah Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

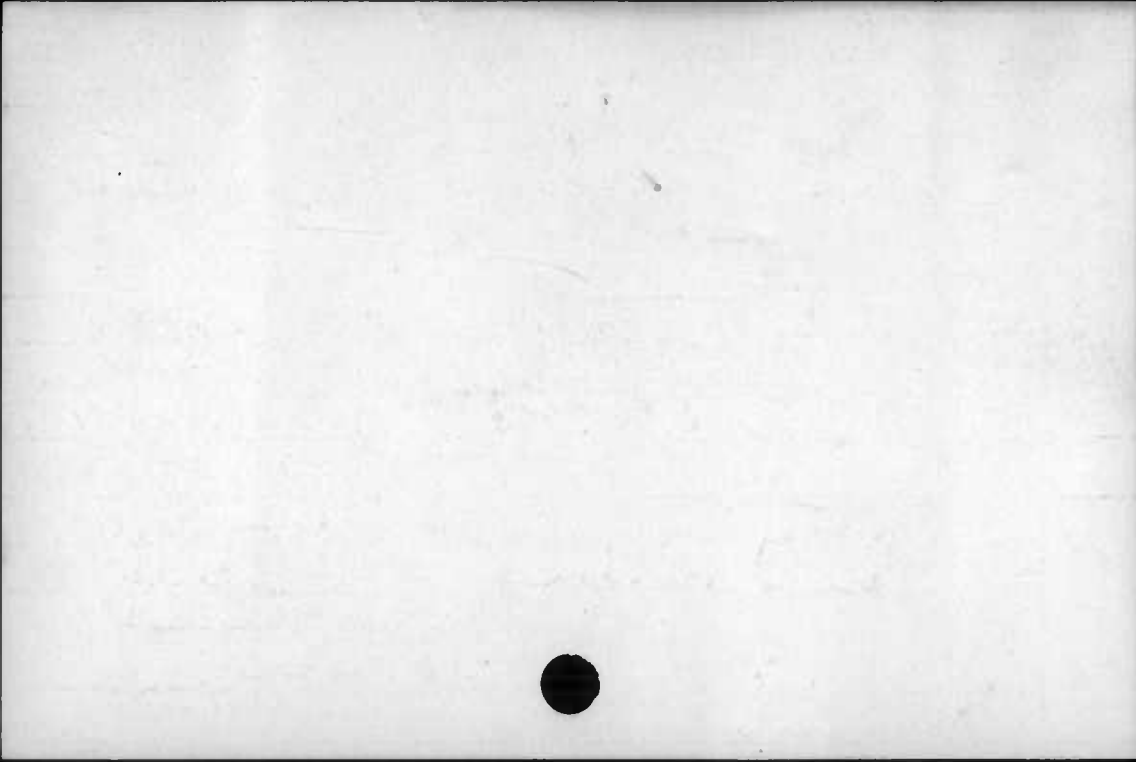
Died at <u>Bucktown</u> ^{Town} <u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Sept</u> ^{Month}	<u>20th</u> ^{Day}	<u>65</u> ^{Years}
Sex <u>Male</u>		Color or Race <u>Colored</u>	Birth-place <u>Near Bucktown</u> ^{MD}
Occupation <u>Laborer</u>		Where Residing if not at place of death <u> </u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>		
Father's Name <u>Noah Woolford</u>	Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Jennie Strawberry</u>	Mother's Birthplace <u>Dorchester Co</u>		
Name of person giving information <u>Chas. E. Jackson</u>	How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>few days</u>
Immediate <u>Went to work</u>	How long <u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John M. [unclear]</u>
<u>9</u>	Address <u>[unclear]</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Unknown White man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Found dead at Barron Island

Town

County

Dorchester

Date of death 1908 Sept

Month

Day 7th

Age About 35

Years

Months

Days

Sex Male

Color or Race

white

Birth-place

unknown

Occupation

unknown

Where Residing if not at place of death

unknown

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

172

Primary

unknown, probably

How long

Immediate

drowned

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Houston MD
Fishing Creek Ind.

Accident or Suicide? unknown

